



# Washington State Good Roads & Transportation Association 2013 Membership Form

Please return the completed form with payment to:  
WSGRTA • PO Box 6514 • Kennewick, WA 99336

New Membership       Renewal Membership       Additional Delegates

Organization/Business Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business/Corporation/Organization/Public Entity

Two delegate (\$200) • Additional delegates from same organization (\$50 each) for a total of \_\_\_\_ delegates.

Individual  
1 delegate (\$50)

*For more delegates please attach additional  
sheet and mark "Additional Delegates"*

## Delegate 1

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Delegate 2

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Delegate 3

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_