

**APPLICATION FOR ASSOCIATE MEMBERSHIP**  
**American Association of State Highway and Transportation Officials**

Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

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

\_\_\_\_\_

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

Web Site Address (if applicable): \_\_\_\_\_

Head of Organization: \_\_\_\_\_

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

Central Office Hours: \_\_\_\_\_

Referring to the Associate Member criteria please explain how your organization meets those requirements:

Submitted by: \_\_\_\_\_

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

Contact Name & E-mail (for reference book):

\_\_\_\_\_

When the application is completed please return to Membership Services.

E-mail: [jdorsey@ashto.org](mailto:jdorsey@ashto.org)

Fax: 202-624-7788