



EVENTS
 November 1, 2018
 AFTER-WORK NETWORKING EVENT
 November 16, 2018
 HOLIDAY RECEPTION
 March 27, 2019
 117TH ANNUAL DINNER & SCHOLARSHIP AWARDS
 !! New Location: David Lawrence Convention Center

Date: _____

(You may also submit this request and information electronically to info@trafficclubofpittsburgh.org)

Name:

Company:

Title:

Mailing Address:

Street

City

State

Zipcode

E-mail:

Telephone:

Cell:

Facsimile:



Please show my website with my roster listing www._____

Optional

Home Address

Street

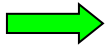
City

State

Zipcode

Home Phone:

Spouse's Name:



Kindly accept my application for membership as (select one):

Resident *(My office is within 75 air miles of Pittsburgh)*

Annual Dues: \$125.00

Non-Resident *(My office is beyond 75 air miles of Pittsburgh)*

Annual Dues: \$50.00

Company *(Our company elects corporate membership, entitled to designate up to 10 of its employees as club members during the fiscal year. I am authorized to request membership and will serve as the lead contact person for the purpose of advising of any changes or additions to our membership.)*

Annual Dues: \$300.00

Applicant's Signature: _____



Please return this Application Form and dues payment to:

**Traffic Club of Pittsburgh
 Secretary Treasurer's Office
 3361 Stafford Street
 Pittsburgh PA 15204-1441**

*Dues payment extends membership through
 June 30, 2019, the end of the current fiscal year.*

*Please make checks payable to: Traffic Club of Pittsburgh
 For payment by credit card, an authorization form is attached.*

Applications for Corporate Membership

You may use this additional space to add individuals to your membership. The individual on the reverse side will be designated as the lead contact. Up to nine additional employees of the company may be added. Your listing may be updated at any time in the year. All individuals on your listing enjoy the benefits of membership. Information may also be emailed to info@trafficclubofpittsburgh.org

Name:			
Title:			
Mailing Address: (if different)			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zipcode</i>
E-mail:			
Telephone:	Cell:	Facsimile:	

Name:			
Title:			
Mailing Address: (if different)			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zipcode</i>
E-mail:			
Telephone:	Cell:	Facsimile:	

Name:			
Title:			
Mailing Address: (if different)			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zipcode</i>
E-mail:			
Telephone:	Cell:	Facsimile:	

Name:			
Title:			
Mailing Address: (if different)			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zipcode</i>
E-mail:			
Telephone:	Cell:	Facsimile:	

To list additional members, please copy this page.

Payment Authorization Form



TODAY'S DATE _____

MASTERCARD / VISA / DISCOVER / AMEX
Card type: (CIRCLE ONE)

CARD NUMBER _____

PLEASE PRINT LEGIBLY

EXPIRATION DATE _____
(MM / YYYY)

CARDHOLDER'S NAME _____

BILLING ADDRESS: _____

COMPANY (IF USED ON YOUR BILLING ADDRESS)

STREET ADDRESS

CITYSTATE / PROVINCEZIPCODE

I AUTHORIZE THE TRAFFIC CLUB TO CHARGE TO MY CREDIT CARD ACCOUNT THE TOTAL AMOUNT OF: \$ _____ USD
FOR MY ANNUAL DUES PAYMENT IN THE AMOUNT SHOWN. NO OTHER CHARGE IS AUTHORIZED AT THIS TIME.

I UNDERSTAND THAT DUES PAYMENTS ARE NOT SUBJECT TO PRO-RATING AND ARE NON-REFUNDABLE. I UNDERSTAND THAT THE CLUB'S CONSTITUTION AND BYLAWS DO NOT PERMIT THE TRANSFER OF MEMBERSHIP. REFUNDS FOR PAYMENT BY CREDIT-CARD WILL BE MADE AT THE TIME THE BOARD OF GOVERNORS DETERMINES A REFUND, IF ANY, IS DUE.

PLEASE EMAIL VERIFICATION WHEN PAYMENT IS RECEIVED. MY EMAIL ADDRESS IS: _____

SEND TO:
TRAFFIC CLUB OF PITTSBURGH
SECRETARY TREASURER'S OFFICE
3361 STAFFORD STREET
PITTSBURGH PA 15204-1441
INFO@TRAFFICCLUBOFPITTSBURGH.ORG
OR TELEPHONE
412.331.7151 VOICE

BY: _____
CARDHOLDER'S SIGNATURE