

Membership Form

1 Membership Category

- Regular ... \$595** PLEASE CHOOSE A SECTOR BELOW
- | | |
|---|---|
| <input type="checkbox"/> Academic <i>college/university, school</i> | <input type="checkbox"/> Hospital/Medical or Healthcare Facility |
| <input type="checkbox"/> Airport | <input type="checkbox"/> Public <i>city, economic development, municipality, public works, police, law enforcement</i> |
| <input type="checkbox"/> Commercial Operations <i>private operators, shuttle services</i> | <input type="checkbox"/> Supplier <i>equipment, manufacturers, technology vendors, etc.</i> |
| <input type="checkbox"/> Consultant <i>architects, engineers, planners</i> | <input type="checkbox"/> Transit/Transportation <i>bus, highway, rail</i> |
| <input type="checkbox"/> Corporate <i>building owners, developers, entertainment, resort, retail</i> | |

Return completed application with payment to:

International Parking Institute
1330 Braddock Place, Suite 350
Alexandria, VA 22314

or email form to: taltman@parking.org
or fax to: 703.566.2267

Join by phone:
Tina Altman
Membership Services
571.699.3011

One membership includes you and your entire staff for a year.

- International ... \$298**
If you reside outside of North America and conduct no business in the United States, you can deduct 50% off the appropriate fees.
- Student/Scholar ... \$50**
Full-time college/university student or professor with interest in parking and transportation industry. Credentials required.
- Transitional/Retiree ... \$100**
Previous history of employment in parking or transportation industry and is currently retired or transitioning between jobs.

2 Contact Information

Name _____
Title _____
Organization _____
Street Address _____ P.O. Box _____
City/State/Zip _____ Country/Postal Code _____
Phone _____ Ext. _____ Mobile Phone _____
E-mail _____ E-mail 2 (optional) _____
Website URL _____

3 Payment Information

- Payment by credit card**
- PLEASE SELECT WHICH CARD:** MasterCard Visa
 American Express Discover
- Account Number _____ Security Code _____
Account Name _____ Expiration Date _____
Billing Address (if different from address above) _____
Signature (required on all contracts) _____
- Payment by check**

Check/PO # _____
Make payable to IPI in U.S. funds

By submission of this membership application, we give our consent to receiving important updates and correspondence by fax or e-mail from IPI relating to membership, publications, advertising, meetings, conference and expositions, and other valuable goods, services, valuable goods, services, and opportunities.