

# North Carolina Section of the Institute of Transportation Engineers



## NCSITE MEMBERSHIP APPLICATION FORM MEMBERSHIP GRADE DESCRIPTIONS

**MEMBER** A person holding one of the following grades in the national Institute of Transportation Engineers (ITE): Fellow, Member, Associate Member, Honorary Member, Life Member, or Retired Member. MEMBERS are permitted to vote for President, Vice-President, Secretary-Treasurer, and one Board Member (who is a MEMBER).

**AFFILIATE** A person in the transportation engineering profession who either qualifies for (but is not a Member of) national ITE, or is accumulating experience towards national ITE membership, including a person holding Institute Affiliate membership in national ITE. AFFILIATES are permitted to vote for two Board Members (who are AFFILIATES).

**STUDENT** A person enrolled full-time in an undergraduate or graduate school of recognized standing, to include student holding student membership in national ITE. STUDENTS are not permitted to vote, but are represented by one ex-officio Board Member appointed by the NCSITE President from each Student Chapter. Students should contact their faculty advisor for registration.

NCSU – Dr. Billy Williams, UNCC – Dr. Srinivas Pulugurtha, NCA&T – Nathan Huynh

### Part 1

I request membership in NCSITE at the grade I have checked below. I will pay a one time initial fee of \$15, which includes the first year's dues. After the first year as a member/affiliate, I will be billed \$35 per year (students free).

NEW (\$15 first year)     MEMBER (\$35/yr)     AFFILIATE (\$35/yr)     STUDENT (free)

RECRUITED/REFERRED BY \_\_\_\_\_ EMPLOYER \_\_\_\_\_

FULL NAME (Title, First, Middle Initial & Last Name): \_\_\_\_\_

PREFERRED NAME \_\_\_\_\_ SPOUSE'S NAME \_\_\_\_\_

Please indicate your Council  
of interest (check one)

Administrative \_\_\_\_\_  
Planning \_\_\_\_\_

Consultants/Vendors \_\_\_\_\_  
Traffic Engineering \_\_\_\_\_

OCCUPATIONAL TITLE \_\_\_\_\_ PhD \_\_\_\_\_ P.E. \_\_\_\_\_ E.I. \_\_\_\_\_ Other \_\_\_\_\_

PRINCIPLE AREA OF PRACTICE (Traffic, Roadway, Planning, etc.) \_\_\_\_\_

EMPLOYER \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

### ADDRESS

Please indicate preferred mailing address (check one)

Home \_\_\_\_\_ Business \_\_\_\_\_

Home Address      P. O Box, Street and/or Apt.      City      State      Zip Code  
\_\_\_\_\_

Business Address      P. O Box, Street and/or Suite      City      State      Zip Code  
\_\_\_\_\_

Mail \_\_\_\_\_

Physical \_\_\_\_\_

### Contacts

Work      Phone      Fax      Email  
\_\_\_\_\_

Home      \_\_\_\_\_

