

Conference Of Minority Transportation Officials
Individual Membership Application

Mr. Mrs. Ms.

New Member Renewal

PRIMARY INFORMATION: (published in the COMTO Directory)

Name: _____

Title: _____

Organization: _____

Local Chapter Affiliation: _____

Address: _____

City/State/Zip Code: _____

Business Phone: _____ Fax: _____

E-mail: _____

Referred by: _____

How did you hear about COMTO? () Newsletter () COMTO Member () Website () Other _____

Table for Individual Membership Dues

If you become a new member in:	The amount due is:	And your membership will expire on:	You will receive a new invoice on:
January 1-31	\$100.00	December 31 (of the same year)	January 1 (of the following year)
February 1-29	\$ 91.67	December 31 (of the same year)	January 1 (of the following year)
March 1-31	\$ 83.34	December 31 (of the same year)	January 1 (of the following year)
April 1-30	\$ 75.01	December 31 (of the same year)	January 1 (of the following year)
May 1-31	\$ 66.68	December 31 (of the same year)	January 1 (of the following year)
June 1-30	\$ 58.35	December 31 (of the same year)	January 1 (of the following year)
July 1-31	\$100.00	June 30 (of the following year)	July 1 (of the same year)
August 1-31	\$ 91.67	June 30 (of the following year)	July 1 (of the same year)
September 1-30	\$ 83.34	June 30 (of the following year)	July 1 (of the same year)
October 1-31	\$ 75.01	June 30 (of the following year)	July 1 (of the same year)
November 1-30	\$ 66.68	June 30 (of the following year)	July 1 (of the same year)
December 1-31	\$ 58.35	June 30 (of the following year)	July 1 (of the same year)

MEMBERSHIP CATEGORIES

- Full-Time Undergraduate Student - \$25
- Individual, Professor or Administrator – Please select amount from chart above \$ _____
- Elected Officials \$250

Dues: Your membership dues must accompany this application. Please refer to the member category above for the appropriate payment amount.

NATIONAL SCHOLARSHIP FUND

- Donations are appreciated. Amount \$ _____

PAYMENT OPTIONS

- Check/Money Order Check no. _____ Amount \$ _____

Note: There is a \$25 charge for all returned checks.

- Visa MasterCard Discover AMEX

Card # _____ Exp. Date _____

Name on Card: _____

Authorized Signature: _____

Date: _____

PLEASE RETURN APPLICATIONS AND PAYMENTS TO:

Conference of Minority Transportation Officials,

818 18th Street, NW, Suite 850, Washington, DC 20006 Phone: (202) 530-0551 Fax: (202) 530-0617