

# State Highway Users Conference

Application for Membership



## Annual Membership Dues - \$500 - Flat Fee

*(regardless of number of members affiliated with your State HUC)*

### ■ Official Contact Information

Name of Organization or State Highway Users Conference \_\_\_\_\_

1) Name of Elected Chairman \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

E-mail \* \_\_\_\_\_ (required for receiving communications)

2) Name of Elected Secretary \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

E-mail \* \_\_\_\_\_ (required for receiving communications)

3) Name of Administrator \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

E-mail\* \_\_\_\_\_ (required for receiving communications)

**MORE>>**

## ■ Organization Profile Information

Description of Membership Represented \_\_\_\_\_

Services You Provide to Your Members \_\_\_\_\_

Number of Members \_\_\_\_\_ Number of Employees \_\_\_\_\_

Will you participate in our grassroots advocacy efforts?    Yes    No

## ■ Membership Mailings

*The Highway Users will administer all mailings and assume costs for direct mailing to your members, if you provide to AHUA a master list of your members. We will assure that your members receive all mailings and other communications.*

Consult the Membership Benefits brochure for a list of benefits that will be provided for **all** members of the State Highway Users Conference.

## ■ Application Procedure

### Application Procedure:

Sign and date completed application, and return to The Highway Users at the address below.

Referred by: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_

## ■ Remittance:

1) By Check: Make checks payable to "American Highway Users Alliance." Please return with application to our Accounts Receivable mailing address:

American Highway Users Alliance  
PO Box 34523  
Washington, DC 20043

2) By Credit Card:

Please charge my...     Visa     MasterCard     American Express  
Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Note: The credit card billing name and address MUST match the billing contact name and address above. If not, please indicate CC billing name and address here:**

Name \_\_\_\_\_  
Address \_\_\_\_\_

Please fax to: 202.857.1220

3) By bank ACH (Automated Clearing House) Transfer: To arrange, contact us at 202.857.1200.

*The American Highway Users Alliance is a 501 (c) (6) organization serving as the transportation community's united voice for highway safety and mobility. For federal tax purposes, contributions to The Highway Users are generally deductible business expenses. For 2010, the deductive portion of contributions to The Highway Users is expected to be approximately 90%. All members will be notified of the non-deductible portion of contributions after the close of the fiscal year that ends December 31.*

Send completed membership application with payment to:

**American Highway Users Alliance**

PO Box 34523, Washington, DC 20043