



INDIVIDUAL MEMBERSHIP APPLICATION

PRIMARY INFORMATION: (Published in the COMTO Directory)

Name:
Title:
Organization:
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 1-28	\$ 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 - \$25.00
- Individual, Professor or Administrator – Please select amount from chart above \$ _____
- Elected Officials - \$250.00

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

PAYMENT OPTIONS

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

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

- VISA
- MasterCard

Card # _____ Exp. Date _____

CCV: _____ (3 digit Security code on back of card)

Name On Card _____

Authorized Signature: _____ Date: _____

PLEASE RETURN APPLICATIONS AND PAYMENTS TO:
Conference of Minority Transportation Officials – Hampton Roads Chapter
1919 Commerce Drive, Suite 420
Hampton, VA 23666
ATTN: Leslie LeGuillow, Treasurer