

International Road Federation
Membership Application



FOR OFFICE USE ONLY
Membership Start Date:
 YEAR MONTH DAY

Organization Information

ORGANIZATION NAME		WEBSITE	
ADDRESS			
CITY	STATE/PROVINCE	POSTAL CODE	COUNTRY
CATEGORY <input type="checkbox"/> Government <input type="checkbox"/> Academia <input type="checkbox"/> Industry Association <input type="checkbox"/> Private Sector			

Contact Information

1ST CONTACT LAST NAME	FIRST NAME	MOBILE PHONE (WITH COUNTRY CODE) PREFERRED CONTACT NUMBER
JOB TITLE		OFFICE PHONE (WITH COUNTRY CODE) PREFERRED CONTACT NUMBER
EMAIL	CONVERSATIONAL NAME (IF APPLICABLE)	FAX NUMBER (WITH COUNTRY CODE)
2ND CONTACT LAST NAME	FIRST NAME	MOBILE PHONE (WITH COUNTRY CODE) PREFERRED CONTACT NUMBER
JOB TITLE		OFFICE PHONE (WITH COUNTRY CODE) PREFERRED CONTACT NUMBER
EMAIL	CONVERSATIONAL NAME (IF APPLICABLE)	FAX NUMBER (WITH COUNTRY CODE)

Fee Schedule (check the one box that applies; all amounts in US dollars)

GOVERNMENT <input type="checkbox"/> Local/Rural: \$1,800 <input type="checkbox"/> State/Provincial: \$3,400 <input type="checkbox"/> National/Federal: \$5,900 - \$18,000 (based on country's GDP)
ACADEMIA <input type="checkbox"/> Universities, Colleges and Research Institutes: \$800
INDUSTRY ASSOCIATION (NATIONAL ROAD ASSOCIATIONS, OTHER INDUSTRY-RELATED ORGANIZATIONS) (Please select your annual operating budget) <input type="checkbox"/> <\$1 million: \$2,100 <input type="checkbox"/> \$1-2 million: \$2,700 <input type="checkbox"/> \$2-4 million: \$4,400 <input type="checkbox"/> \$4-7 million: \$7,400 <input type="checkbox"/> >\$7 million: \$9,900
PRIVATE SECTOR (CONTRACTORS, ENGINEERING/DESIGN & MANAGEMENT FIRMS, SUPPLIERS, DISTRIBUTORS, EQUIPMENT MANAGEMENT, OTHERS) (Please select your annual turnover/sales for transport-related revenue) <input type="checkbox"/> <\$10 million: \$2,100 <input type="checkbox"/> \$10-49 million: \$4,400 <input type="checkbox"/> \$50-99 million: \$6,200 <input type="checkbox"/> \$100-399 million: \$9,500 <input type="checkbox"/> >\$400 million: \$16,000

Business Interests

THERE ARE A VARIETY OF COMMITTEES DESIGNED TO BENEFIT IRF'S MEMBERS THROUGH ENGAGEMENT AND GLOBAL NETWORKING, AND TO PROVIDE A PLATFORM TO CONTRIBUTE TO THE DIRECTION OF THE IRF'S PRIORITIES, POLICIES AND ACTIVITIES. THESE COMMITTEES ARE IMPORTANT TO THE IRF AND ALL MEMBERS ARE ENCOURAGED TO PARTICIPATE. (Please check all committees that you are interested in engaging in)

<input type="checkbox"/> Road Safety Committee	<input type="checkbox"/> Road Asset Management Committee	<input type="checkbox"/> Public Private Partnerships Committee
<input type="checkbox"/> ITS Committee	<input type="checkbox"/> Pavements Committee	<input type="checkbox"/> Other*

* IF 'OTHER', PLEASE SPECIFY:

WHERE DOES YOUR ORGANIZATION OPERATE? (Check all that apply)

<input type="checkbox"/> Africa	<input type="checkbox"/> Asia/Pacific	<input type="checkbox"/> Australia/New Zealand	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Central Asia	<input type="checkbox"/> Europe	<input type="checkbox"/> Mexico/Central America
<input type="checkbox"/> Middle East	<input type="checkbox"/> South America	<input type="checkbox"/> USA/Canada	<input type="checkbox"/> Global			

HOW DID YOU HEAR ABOUT THE IRF?

Payment

PAYMENT TYPE <input type="checkbox"/> Invoice <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	CARD TYPE <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX	CARD NUMBER
CARD EXPIRATION DATE (MM/YY)	CARD SECURITY CODE	NAME ON CARD
AMOUNT TO BE CHARGED (IN US DOLLARS)	TODAY'S DATE (YYYY/MM/DD)	SIGNATURE

We hereby apply for membership with the International Road Federation and, by signing this document, agree to comply with the Statutes and By-Laws of the organization.

NAME OF AUTHORIZED REPRESENTATIVE	SIGNATURE OF AUTHORIZED REPRESENTATIVE (IF PRINTING)	DATE OF APPLICATION (YYYY/MM/DD)
	DIGITAL SIGNATURE: By checking this box, I certify that I have the authority to sign and submit this application and that this checkbox serves as my digital signature.	

I AM AUTHORIZED TO SIGN THIS MEMBERSHIP APPLICATION ON BEHALF OF MY ORGANIZATION, AND HAVE NOTED THAT IRF MEMBERS ARE RESPONSIBLE FOR THEIR PRO-RATA SHARE OF ANNUAL MEMBERSHIP DUES FROM THEIR ANNIVERSARY DATE UP TO THE EFFECTIVE DATE OF MEMBERSHIP CANCELLATION