



ASSOCIATION OF TRANSPORTATION LAW PROFESSIONALS
4195 S. Pennsylvania St. Englewood, CO 80113 P: 720.850.1589, E: info@atlp.org

APPLICATION FOR MEMBERSHIP 2025

Name: _____
hereby makes application for membership in the Association of Transportation Law Professionals, Inc.

Job Title _____

Company _____

Address _____

City _____ **State** _____ **Zip** _____

Telephone _____ **Fax** _____

E-Mail _____

The information provided in this application is true and correct to the best of my knowledge.

Signature _____ **Date** _____

To qualify for membership in the Association of Transportation Law Professionals you must satisfy one of the following categories (check appropriate box) and provide appropriate information below:

- Membership Categories:
- A – Category 1A – Attorney
 - B – Category 1B – Non-attorney
 - C – Category 2 – University/College Faculty
 - D – Category 3 – Student

A - I am admitted to practice as an attorney at law in the following jurisdiction(s):

I am class of _____ from _____ Law School

My practice largely focuses on:

Regulatory matters in _____

Transportation mode:

Aviation Maritime Motor Carrier Pipeline Rail

Other _____

I am In-house Counsel Outside Counsel focusing on Shipper Carrier issues

B - I am a non-attorney who currently holds the following position regarding transportation or logistics: _____

C - I am a member of the faculty of, a post secondary educational institution. List transportation or related subject matters taught _____

D - I am a student presently attending: _____

Membership benefits include subscriptions to the *Journal of Transportation Law, Logistics and Policy* and *Association Highlights* newsletter, www.atlp.org, and opportunities to participate in all educational programs. *Organizational Memberships are also available. Please contact ATLP for further information: info@atlp.org*

Annual Dues (1A & 1B)	\$450
Government Employees	\$200
University/College Faculty	\$200
Students	\$ 25

Fiscal year runs from January 1 to December 31. Dues are billed annually on October 1. Please submit application with your full first-year's dues; check must be drawn on a U.S. bank. If you join at some point in the middle of the fiscal year, a prorated amount will be credited with the first dues bill after receipt of your application.

Contributions or gifts to ATLP are not deductible as charitable contributions for federal income tax purposes; however, dues, publications, advertising, and registration fees are generally deductible as ordinary and necessary business expenses. Check with your accountant.

ATLP MEMBERSHIP APPLICATION - PAYMENT OPTIONS:

Please indicate payment method: (Please make checks payable to ATLP)

Check # _____ MasterCard VISA American Express

Account # _____ Expiration Date _____ CCV# _____

Name as it appears on card: _____

Signature: _____

Federal ID #27-0990436

I was referred to ATLP by:

Please provide ATLP member name