



ASSOCIATION OF TRANSPORTATION LAW PROFESSIONALS

4195 S. Pennsylvania St., Englewood, CO 80113

(720) 850-1589 ~ info@atlp.org ~ www.atlp.org

ORGANIZATIONAL MEMBERSHIP FORM 2023

Official Representative* _____

Company _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-Mail _____ Website _____

To qualify for Organizational Membership Promotion all individual members must satisfy the Attorney/ Non-Attorney Membership Categories of the Association and be of the same Employment Organization.

** Please designate one person from your Organization to receive official notifications from ATLP.*

Organizational Membership Promotion benefits include:

- Your Organization listed in *Association Highlights*
- Have multiple member listings on the website www.atlp.org
- Anyone in your Organization may attend an ATLP event at the Member Registration fee
- Your Organization is included on event signs and in the event programs

☐ Organizations who join with 6-10 Members = \$2,200 in group membership dues

☐ Organizations who join with 11 + Members = \$2,600 in group membership dues

ATLP ORGANIZATIONAL MEMBERSHIP FORM - PAYMENT OPTIONS:

Please indicate payment method:

☐ Check ☐ MasterCard ☐ VISA ☐ American Express

Account # _____ Expiration Date _____

Name as it appears on card _____

Signature _____

PLEASE NOTE: A 3% convenience fee will be added to all credit card transactions

Make check payable to ATLP - Federal ID #27-0990436

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.

Revised 09/19

PLEASE LIST ALL INDIVIDUAL MEMBERS OF YOUR ORGANIZATION ON THE FOLLOWING FORM



ATLTP OFFICIAL CONTACT PERSON: _____

PHONE: _____

EMAIL: _____

Name: _____

Firm/Company: _____

Address: _____

Telephone: _____

Email: _____

Name: _____

Firm/Company: _____

Address: _____

Telephone: _____

Email: _____

Name: _____

Firm/Company: _____

Address: _____

Telephone: _____

Email: _____

Name: _____

Firm/Company: _____

Address: _____

Telephone: _____

Email: _____

Name: _____

Firm/Company: _____

Address: _____

Telephone: _____

Email: _____

Name: _____

Firm/Company: _____

Address: _____

Telephone: _____

Email: _____

Name: _____
Firm/Company: _____
Address: _____
Telephone: _____
Email: _____

Name: _____
Firm/Company: _____
Address: _____
Telephone: _____
Email: _____

Name: _____
Firm/Company: _____
Address: _____
Telephone: _____
Email: _____

Name: _____
Firm/Company: _____
Address: _____
Telephone: _____
Email: _____

Name: _____
Firm/Company: _____
Address: _____
Telephone: _____
Email: _____

Name: _____
Firm/Company: _____
Address: _____
Telephone: _____
Email: _____
