



Supplement: Manufacturers Rep. Firm Application

American Traffic Safety Services Association

Thank you for your interest in becoming an ATSSA Manufacturers Representative Firm member.

Manufacturers Rep. Firm memberships must submit this supplemental document of additional member information with the Membership Application. Up to five (5) employees may be included with this membership type.

Manufacturers Rep. Additional Member Information

Company Name _____

Name: Pfx _____ First _____ M.I. _____ Last _____

Title _____

Mailing Address _____

City _____ State/Province _____ Zip _____

Country _____

Phone _____ Fax _____ Toll Free _____

Email _____ Website _____

Shipping Address if above is PO Box _____

Name: Pfx _____ First _____ M.I. _____ Last _____

Title _____

Mailing Address _____

City _____ State/Province _____ Zip _____

Country _____

Phone _____ Fax _____ Toll Free _____

Email _____ Website _____

Shipping Address if above is PO Box _____

Name: Pfx _____ First _____ M.I. _____ Last _____

Title _____

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Email _____ Website _____

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Title _____

Mailing Address _____

City _____ State/Province _____ Zip _____

Country _____

Phone _____ Fax _____ Toll Free _____

Email _____ Website _____

Shipping Address if above is PO Box _____