



2010 Membership Application
(Please return a copy with your payment when paying by check.)

Name of Individual, Agency or Business: _____
 Contact (if other than Individual): _____
 Address: _____
 Telephone: _____
 Email: _____
 If agency or business registration, list any additional email addresses to which
 you would like monthly newsletter sent. _____

Please check the appropriate box below indicating your desired Membership level.

New Member Renewing Member

<u>Membership Level</u>	<u>Membership Dues</u>
<input type="checkbox"/> <i>Student</i>	\$25
Base Membership	
<input type="checkbox"/> <i>Individual</i>	\$100
<input type="checkbox"/> <i>Small Non-profit Entities and California Certified Small Businesses (Organizations with fewer than 25 employees)</i>	\$300
<input type="checkbox"/> <i>Small Government Agencies (City pop. 50,000 or less)</i>	\$300
<input type="checkbox"/> <i>Private Corp., Government and Large Institutions/Universities</i>	\$500
Membership Levels	
<input type="checkbox"/> <i>Third Tier Sponsor (Supporting)</i>	\$1000
<input type="checkbox"/> <i>Second Tier Sponsor (Sponsoring)</i>	\$2000
<input type="checkbox"/> <i>Top Tier Sponsor (Sustaining)</i>	\$3000

Total amount enclosed.....\$ _____

Please make your check payable to ITS-CA and mail it to: ITS-CA
 268 Bush Street #923
 San Francisco, CA. 94104