



DALLAS REGIONAL MOBILITY COALITION

Leading the Way in Metroplex Transportation Advocacy

MEMBERSHIP APPLICATION-ASSOCIATE MEMBERS

Organization or company name: _____

If a city, current population: _____

If not, indicate annual revenue range: ___Less than \$5 million ___\$5-to-\$10 million ___\$10 million or more

Contact for billing: _____

Physical and e-mail address: _____

Telephone and Fax numbers: _____

Please list additional contacts for meeting notices, along with their email addresses:

1) _____

2) _____

3) _____

Dues are level on a fiscal year basis, October 1 through September 30.

Large organizations/companies: \$2,500

Medium-size organizations/companies: \$1,500

Small organizations/companies: \$500

- My payment is enclosed, payable to the Dallas Regional Mobility Coalition.
- Please invoice me on an annual basis.

The completed application and payment should be mailed to: Drew Campbell, DRMC Executive Director
Dallas Regional Mobility Coalition
PO Box 195892
Dallas, Texas 75219