



AMERICAN SOCIETY OF TRANSPORTATION AND LOGISTICS, INC. ®

CTL BLANKET WAIVER APPLICATION

APPLICANT INFORMATION (PLEASE PRINT)				
PREFIX	FIRST	MIDDLE INITIAL	LAST	PREFERRED
Name:				
Address Line 1:				
Address Line 2:				
City:		State:		ZIP Code:
E-mail address: Personal -			School -	
Graduation Date:			DOB:	
I would prefer to receive <i>Transportation Journal</i> as: <input type="checkbox"/> Hard Copy <input type="checkbox"/> E-mailed PDF				
I am already a member of AST&L. My member number is:				
BLANKET WAIVER INSTIUTIONS – PLEASE INDICATE YOUR QUALIFYING INSTITUTION				
<input type="checkbox"/> Air Force Institute of Technology	<input type="checkbox"/> Arkansas State University	<input type="checkbox"/> Auburn University		
<input type="checkbox"/> Bellevue University	<input type="checkbox"/> East Carolina University	<input type="checkbox"/> Georgia Southern University		
<input type="checkbox"/> Indiana University/Indianapolis	<input type="checkbox"/> Iowa State University	<input type="checkbox"/> Maine Maritime Academy		
<input type="checkbox"/> Michigan State University	<input type="checkbox"/> N.C. A&T State University	<input type="checkbox"/> Ohio State University		
<input type="checkbox"/> Pennsylvania State University	<input type="checkbox"/> Syracuse University	<input type="checkbox"/> University of Alabama at Birmingham		
<input type="checkbox"/> University of Arkansas	<input type="checkbox"/> University of British Columbia	<input type="checkbox"/> University of Denver		
<input type="checkbox"/> University of Houston	<input type="checkbox"/> University of Maryland/College Park	<input type="checkbox"/> University of Nevada/Reno		
<input type="checkbox"/> University of North Florida	<input type="checkbox"/> University of North Texas	<input type="checkbox"/> University of Rhode Island		
<input type="checkbox"/> University of Tennessee	<input type="checkbox"/> University of Wisconsin/Superior	<input type="checkbox"/> U. S. Merchant Marine Academy		
PROOF OF GRADUATION IS REQUIRED. PLEASE INDICATE WHICH OF THE FOLLOWING YOU HAVE INCLUDED:				
<input type="checkbox"/> Unofficial or official transcript	<input type="checkbox"/> Letter from faculty member	<input type="checkbox"/> Copy of diploma		
PAYMENT INFORMATION				
<input type="checkbox"/> Visa/MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Check payable to AST&L enclosed		
Name as it appears on card				
Card number				
Expiration date				
<input type="checkbox"/> I am already a Member of AST&L. I graduated within the past five years, and I am applying for a Blanket Waiver.				\$220.00
<input type="checkbox"/> I graduated in the last six months. I am applying for a Student membership in AST&L and a Blanket Waiver.				\$250.00
<input type="checkbox"/> I graduated within the past five years but more than six months ago. I am applying for an Associate Membership in AST&L and a Blanket Waiver.				\$365.00
I am applying for a Blanket Waiver for the CTL Professional Certification credential. I understand I must be a current full-time member of AST&L. I authorize the verification of the information provided on this application.				
Signature of applicant:			Date:	
Office use only		By		Date:

Upon completion return by mail to: ASTL, PO Box 3363, Warrenton VA 20188, fax 202.962.3939, or email info@astl.org.