



# IAM Transportation Activists Program Registration Form

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Local

Employer: \_\_\_\_\_ Lodge: \_\_\_\_\_  District

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/  
State: \_\_\_\_\_ Postal Code/  
Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_

Fax Number: \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Signature of Volunteer Activist:** \_\_\_\_\_

Please fax back or mail to:

**IAM Transportation Department  
1016 16th Street, NW, Suite 300  
Washington, DC 20036  
202-776-0106 (phone)  
202-776-0133 (fax)**