



NON-REGULAR MEMBER APPLICATION

- BUSINESS MEMBERS** (INCLUDING MANUFACTURERS AND SUPPLIERS, VENDOR OF GOODS OR SERVICES FOR PUBLIC TRANSIT INDUSTRY INCLUDING SUBCONTRACTORS AND PROVIDERS OF TRANSIT SERVICES CONSULTING COMPANIES)\$500
- EDUCATIONAL INSTITUTION**\$400
- SINGLE INDIVIDUAL PROFESSIONAL CONSULTANT OR RETIRED TRANSIT STAFF MEMBER**\$300
WHO HAS NOT BECOME AFFILIATED WITH A COMPANY ELIGIBLE AS TRANSIT OR BUSINESS MEMBER
- AFFILIATE MEMBERS** GOVERNMENT ENTITY, MPO, LDD, TMA, COUNCIL, ETC \$125

Organization Name: _____

Address: _____

City/State/ZIP: _____

Website: _____

PRIMARY CONTACT

Name: _____ Title: _____

Phone: _____ Fax: _____

E-Mail: _____

ADDITIONAL CONTACTS

Name: _____ Title: _____

Phone: _____ E-Mail: _____

Name: _____ Title: _____

Phone: _____ E-Mail: _____

Category (choose from the following)

- | | | |
|---|--|--|
| <input type="checkbox"/> Architectural & Engineering Svcs | <input type="checkbox"/> Fare Collection | <input type="checkbox"/> Other Professional Services |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Government | <input type="checkbox"/> Rail |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Information & Technology Products | <input type="checkbox"/> Safety / Security |

20-word description of your company's products/ services: _____

Signature of Applicant: _____

The above signed hereby agrees to abide by the Articles of Incorporation and By-Laws, and to support the goals and objectives of the Pennsylvania Public Transportation Association.

Return to: Shawna Russell
PA Public Transportation
Association 115 Pine Street
Harrisburg, PA 17101
EMAIL: shawna@pta.net

PAYMENT INFO:

Amount enclosed: \$ _____

METHOD OF PAYMENT

Check/Money Order
Make checks payable to **PA Public Transportation Association**

<input type="checkbox"/> American Express	<input type="checkbox"/> VISA
<input type="checkbox"/> Mastercard	<input type="checkbox"/> Discover

Credit Card Account Number

/

Expiration Date

Verification Code

Cardholder's Signature _____

Credit Card Billing Address _____
