



REGULAR TRANSIT MEMBER APPLICATION

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: _____

MEMBERSHIP DUES

Regular Members Total Transportation Operating Expenses:

- more than \$500 Million \$11,000
- from \$50 Million to less than \$500 Million \$7,700
- from \$20 Million to less than \$50 Million \$5,500
- from \$10 Million to Less than \$20 Million. \$4,400
- from \$7.5 Million to less than \$10 Million. \$3,300
- from \$5 Million to Less than \$7.5 Million \$2,970
- from \$2.5 Million to Less than \$5 Million \$2,200
- from \$1 Million to Less than \$2.5 Million \$1,430
- from \$500,000 to Less than \$1 Million. \$770
- Less than \$500,000 \$330

AMOUNT ENCLOSED: \$ _____

| | |
|--------------------------------------|--------------------|
| <input type="checkbox"/> Fixed Route | No. in fleet _____ |
| <input type="checkbox"/> Paratransit | No. in fleet _____ |
| <input type="checkbox"/> Other | No. in fleet _____ |
| No. of Full-Time Employees: _____ | |
| No. of Part-Time Employees: _____ | |

Method of Payment:

VISA MASTERCARD DISCOVER AMEX

Check (Payable to PPTA)

Card# _____ Expires ____/____

Cardholder Signature _____

**Return by mail to: Shawna Russell, PPTA, 115 Pine Street, Harrisburg, PA 17101
or email to: shawna@ppta.net**