



# 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:** PA Public Transportation Association  
 600 North Third Street, Fourth Floor  
 Harrisburg, PA 17101  
 FAX: 717-234-7176  
 EMAIL: Lmacwilliams@ppta.net

## PAYMENT INFO:

**Amount enclosed: \$** \_\_\_\_\_

**METHOD OF PAYMENT**

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

American Express       VISA  
 Mastercard               Discover

\_\_\_\_\_

Credit Card Account Number

/         
 Expiration Date                      Verification Code

Cardholder's  
 Signature \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_