

ASSOCIATE MEMBER APPLICATION

Date: _____

Company Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Fax:** _____ **Email:** _____

Website: _____

Company Representative(s): _____

Please provide an explanation regarding your product or service and how it is utilized within the industry:

Does your company provide educational programs? If so, what topics may be available for presentation to our members?

Associate Member dues are based on a fiscal year which begins October 1. Annual Dues are \$100.00. Dues will be billed upon acceptance in Association.

Please complete this form and mail to:

**Michigan Public Transit Association
Atten: Cindy Zolkowski
2875 Northwind Drive Suite 120
East Lansing, MI 48823**