

## 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  
1401 East Lansing Drive Suite 108  
East Lansing, MI 48823**