

SPECIALIZED SERVICE PROVIDER APPLICATION

Date: _____

Agency Name: _____

Street Address: _____

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

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

Website: _____

Contact Information (Name, Title, email and phone # if different from above):

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

Specialized Service Provider 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**