

**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  
2875 Northwind Drive Suite 120  
East Lansing, MI 48823**