

South West Transit Association

PROFESSIONAL MEMBERSHIP FORM FISCAL YEAR 2007 (October 1, 2006 - September 30, 2007)

Professional Member: (1) persons, non-profit organizations, groups or other public agencies active in the development or promotion of public transportation, and municipalities or transit authorities contemplating the operation of a public transportation system but not actually in operation; (2) individuals employed by operating transit agencies outside of the SWTA region; or (3) representatives of publications dealing with public transportation matters.

New Application OR **Renewal**

Annual Membership Dues: \$200

Payment Information:

- Check in the amount of \$_____ is enclosed.
 Please charge membership dues to credit card:

Credit card type: VISA MASTERCARD AMEX Discover

Credit card number: _____ Exp. Date _____

Billing Address (required) _____

Billing City, State, Zip _____

Authorized Signature _____

Membership Contact Information:

Name of agency, company, or organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ FAX Number _____

Name of principal contact _____

Title _____ E-Mail address _____

Type of Business _____

Web Site address _____

Signature _____ Date _____

Note: Payments for SWTA dues or services are generally deductible as ordinary and necessary business expenses for federal income tax purposes. Contributions or gifts to SWTA are not deductible as charitable contributions. SWTA EIN# 74-2150101.