

# South West Transit Association

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

**Definition of Regular Member:** Publicly funded transit providers operating any form of urban and/or rural public transportation within the states of Arizona, Arkansas, Kansas, Louisiana, New Mexico, Oklahoma, or Texas, including contract operators employed by public or publicly funded authorities.

**Dues Formula:** Annual dues are 0.0198% of transit revenue (excluding capital grants), subject to a minimum of \$250. When applying the dues formula, if the result is \$7,500 or greater, the maximum dues will be \$7,500.

**Definition of "transit revenue":** For purposes of calculating SWTA dues, revenue is defined as it is in the National Transit Data Base Reporting System [Title 49 USC 5335(a)], [formerly section 15 report] and shall include local taxes dedicated to or expended for transit (excluding capital grants). **Please use the most current Transit Database report available.**

For systems not required to file TDB reports, revenues include the most recent totals for the following:

- farebox revenue
- investment income
- advertising revenue
- school bus revenue
- sales tax proceeds
- subsidy from other sectors of operation
- state special fare assistance
- freight revenue
- FTA operating assistance
- charter fees
- special transit fares
- local cash grants/reimbursement
- lottery proceeds
- state cash grants/reimbursement
- local special fare assistance
- contributed services
- other non transportation revenue taxes levied directly by the transit system

Application of formula: \$ \_\_\_\_\_ (revenue) X .000198 = \$ \_\_\_\_\_ (dues)

[ ] Check in the amount of \$ \_\_\_\_\_ in enclosed. **(Minimum \$250; Maximum \$7,500)**

[ ] 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: [ ] **New Application** OR [ ] **Renewal**

Name of agency, company, or organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX Number \_\_\_\_\_

Name of principal contact \_\_\_\_\_

Title \_\_\_\_\_ E-Mail address \_\_\_\_\_

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