



MEMBERSHIP APPLICATION

MEMBERSHIP DETAILS

NAPT group membership is designed for professionals in the student transportation industry looking to have two or more employees join NAPT. With this membership type your organization receives two records and the option to purchase additional memberships for \$95/person. Please note, your Primary Point-of-Contact (Member #1) will be listed in the NAPT Online Member Directory, and will receive all membership renewal notifications as well as NAPT member benefits. Your membership year is based on your anniversary (join) date.

ORGANIZATION INFORMATION

District/Company: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone: _____ Fax: _____

Organization Website: _____

PRIMARY POINT-OF-CONTACT (MEMBER #1)

First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____

Nickname: _____ Title: _____

Email: _____ Phone: _____

Your email address is required to process and finalize your membership.

NAPT membership cards are available upon request. Would you like to receive an NAPT membership card in the mail? Yes, please No, thank you
Membership cards will be mailed to the address above once payment is received.

Does your group agree to receive email from NAPT and its members? Yes No

Does your group agree to receive pertinent information, related to the issues covered by NAPT, from interested third-party entities? Yes No

As an active group member of NAPT, your district/company will be listed in our Online Member Directory.

Please choose the following category that best describes the organization:

Head Start Industry Consultant Private Contractor Private School Public School Other: _____

PLEASE SELECT PAYMENT METHOD

Check or Money Order Payable to NAPT in US Dollars Please Send Invoice (attach purchase order, if available)

In an effort to enhance the security of your credit and financial information, NAPT no longer accepts credit card information via email or fax. Please complete and submit this form to NAPT headquarters. Once we receive your application, an invoice will be emailed to you with payment instructions. You can then log in at www.napt.org and complete payment online with your credit card. If you have any questions or would like assistance, please call headquarters at 800.989.6278. *Thank you!*

Total Number of Members: _____ **x \$95 = Total Due:** _____

Your receipt will be sent to the email address listed above once your membership is processed.

Please note, NAPT membership remains with the purchasing individual or organization and is otherwise nontransferable.



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ADDITIONAL MEMBERS

First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____

Nickname: _____ Title: _____

Email: _____ Phone: _____

First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____

Nickname: _____ Title: _____

Email: _____ Phone: _____

First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____

Nickname: _____ Title: _____

Email: _____ Phone: _____

First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____

Nickname: _____ Title: _____

Email: _____ Phone: _____

First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____

Nickname: _____ Title: _____

Email: _____ Phone: _____

A unique email address is required to process and finalize each individual membership.

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PLEASE FEEL FREE TO MAKE AS MANY ADDITIONAL COPIES NECESSARY.

SUBMIT YOUR FORM VIA FAX: 518.218.0867 OR EMAIL: INFO@NAPT.ORG

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NAPTHQ



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800.989.6278