

MEMBERSHIP APPLICATION

MEMBERSHIP DETAILS

This NAPT membership option is \$300 per year and specifically designed for existing state/provincial/regional associations dedicated to serving professionals in the student transportation industry. With this membership type your organization receives one individual NAPT membership. Please list your Executive Director/Secretary or Board President as the Primary Point-of-Contact to receive benefits. Please note, this Primary Point-of-Contact will be listed in the NAPT Online Member Directory and will receive all membership renewal notifications. Your membership year is based on your anniversary (join) date.

UKGANIZATION INFO State Association Name:	TIVIATIUN			
-			Zip/Postal Code:	
Country:	Phone:		Fax:	
Organization Website:				
	CONTACT (EXECUTIVE DIRE		OARD PRESIDENT)	
			Suffix:	
Nickname:		- itle:		
	ail: Phone: remail address is required to process and finalize your membership.			
Your membership card will be mailed Do you agree to receive email fro	ole upon request. Would you like to rece to the address above once payment is re m NAPT and its members? Yes information, related to the issues co	eceived.	in the mail? ☐ Yes, please ☐ No, thank you d third-party entities? ☐ Yes ☐ No	
PLEASE SELECT PAYN	MENT METHOD	•		
☐ Check or Money Order Pa	ayable to NAPT in US Dollars	☐ Please Send Invoice (at	tach purchase order, if available)	
Please complete and submit the Point-of-Contact with payment	his form to NAPT headquarters. Onc	e we receive your application g in at www.napt.org and com	epts credit card information via email or fax. n, an invoice will be emailed to the Primary plete payment online with a credit card. If the 800.989.6278. Thank you!	

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

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

1971 WESTERN AVENUE #221, ALBANY, NY 12203







