



PROFESSIONAL MEMBERSHIP APPLICATION

Name: _____ Title: _____

Business/Service Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: (____) _____

FAX: (____) _____

Description of you business/service:

Are you a member of other State transit associations: Yes _____ No _____

Membership dues: \$100.00 yearly

Please submit the completed application here.

Fill out and email back to admin@masstrans.org