



## TRANSIT MEMBERSHIP APPLICATION

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Transit Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_\_

### Transit Information:

Service Area (County, City): \_\_\_\_\_

Types of service provided: \_\_\_\_\_

Number of vehicles: \_\_\_\_\_

Number of employees: \_\_\_\_\_

Does your agency receive State Operating Assistance: Yes\_\_\_ No\_\_\_

Are you a member of another State transit association: Yes\_\_\_ No\_\_\_

If yes, which association(s): \_\_\_\_\_

Audited FY 2009 Operating Expenses: \_\_\_\_\_

Membership dues calculated at .15%

Fill out and email back to [admin@masstrans.org](mailto:admin@masstrans.org)