



2015-16

**OTA DUES
RENEWAL**

**APPLICATION
FOR
MEMBERSHIP**

**Please mail your
check and this
application to:**

Oregon Transit
Association
6745 SW Hampton
Suite 101
Portland, OR
97223

Phone:
(503) 601-5336
Fax:
(503) 597-3668

GENERAL INFORMATION

Organization Name _____

Organization Description _____

Representative Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone: _____ Fax _____

E-mail _____ *Website _____

**Please include a website address if you would like a link on www.oregontransit.com*

ANNUAL DUES BY MEMBERSHIP CATEGORY:

Fiscal Year July 1, 2015 through June 30, 2016

FOUNDATION MEMBERS:

Fixed Rate Foundation Members:

| | Tri-Met | Lane Transit District | Salem - Keizer Transit | Fixed |
|--------------------------|---|-----------------------|------------------------|----------|
| <input type="checkbox"/> | Basin Transit District: | No of Vehicles: _____ | x \$200 = | \$ _____ |
| <input type="checkbox"/> | Rogue Valley Transit District: | No of Vehicles: _____ | x \$200 = | \$ _____ |
| <input type="checkbox"/> | Cascades East Transit: | No of Vehicles: _____ | x \$200 = | \$ _____ |
| <input type="checkbox"/> | ODOT: | | | \$1,500 |
| <input type="checkbox"/> | Transportation Options Group of Oregon: | | | \$ 250 |

PUBLIC TRANSPORTATION PROVIDERS:

(INCLUDES GOVERNMENT, NOT-FOR-PROFIT, & FOR PROFIT PROVIDERS)

| | | | |
|--------------------------|--|-------------------------------------|------------|
| <input type="checkbox"/> | Less than 2 Vehicles: | | \$ 300 |
| <input type="checkbox"/> | 2 or More Vehicles: | No. of Peak Vehicles: _____ x \$150 | \$ _____ |
| <input type="checkbox"/> | Contracted Provider with vehicles covered by another membership: | | \$ 500 |
| | | | + _____ |
| | If more than one contract in Oregon: Add \$100 per additional | | = \$ _____ |
| <input type="checkbox"/> | Out of State Member | | \$ 500 |

**The Total vehicles in service is the sum of the total number of vehicles in use during peak service (fixed route and demand response), that operate year round. Do not include any seasonal use vehicles. Providers shall not count vehicles used by other organizations to which they pass through vehicles or funding.*

NON SERVICE PROVIDER MEMBERS:

| | | |
|--------------------------|--|--------|
| <input type="checkbox"/> | Business or Nonprofit Transit Advocate (No sales to transit providers) | \$ 250 |
| <input type="checkbox"/> | Individual | \$ 100 |