

# NEW MEMBER APPLICATION OPTA 2025

### JOIN THE ONLY PUBLIC TRANSIT ASSOCIATION IN OHIO

Thank you for your interest in becoming a new member of the Ohio Public Transit Association. Your membership allows you the opportunity to participate in the ongoing efforts to promote and stengthen public transit in our communities, state and nation.

#### Email the completed application to Elle Crader at elle@chwadvisors.com or mail to:

Ohio Public Transit Association 88 E. Broad St., Ste. 1120 Columbus. OH 43215

Applications will be reviewed by OPTA's Administrator. Once approved, you will recieve a confirmation of membership and the invoice for your membership dues. Memberships are on a calendar year basis, regardless of when you applied.

### MEMBERSHIP CATEGORIES - CIRCLE ONE

Public Transit System Mobility Manager Associate Member

## **ORGANIZATION PROFILE**

Name of Organization

Mailing Address

City State Zip

Phone Number Web Address

Primary Contact (First, Last Name)

Title

**Email** 



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### **DEMOGRAPHIC INFORMATION**

### TRANSIT SYSTEMS

POPULATIONS SERVED:

**COUNTIES SERVED:** 

NUMBER OF LICENSED VEHICLES IN FLEET:

NUMBER OF EMPLOYEES:

### **MOBILITY MANAGER**

COORDINATOR OF TRANSPORTATION SERVICES (Y OR N)
RECEIVES FUNDING FROM ODOT THROUGH FTA 5310
PROGRAM (Y OR N)

#### **ASSOCIATE MEMBERS**

PROVIDE A BRIEF DESCRIPTION OF YOUR BUSINESS AND THE PRODUCTS/SERVICES PROVIDED.