New Jersey

Council on Special Transportation

2017 Membership Application

Active Membership may include state, county or municipal government transportation representatives as well as not-for-profit and for-profit organizations and agencies engaged in the planning and/or operation of community transportation services. Active Membership may also include organizations/agencies that do not provide direct transportation services but advocate on behalf of those requiring such services. Active Membership includes voting privileges.

Associate Membership may include all other agencies, organizations, or individuals employed in the community transportation industry (including former members that are now retired). Associate membership may also include staff of Corporate (Business) Member companies/agencies that are involved with the direct and daily operation of community transportation brokerage services. Associate Membership does not include voting privileges.

Corporate (Business) Membership may include any for-profit corporation/business that may offer goods, services, vehicles, products, advice, supplies, etc. to the paratransit/community transportation industry. Corporate Membership does not include voting privileges.

NJ COST Website Logo Corporate (Business) Members may have their companies logo/name placed on the NJ COST website. There is an additional fee of $100. Send your logo to njcost@njcost.com

For additional information, visit the COST web site at **www.njcost.com**

(1) MEMBERSHIP TYPE

(please select one)

- ☐ Active ($50)
- ☐ Associate ($25)
- ☐ Corporate/Business ($200)
- ☐ Corporate/Business w/ Website Logo ($300)

(2) STATUS (please select one)

- ☐ RENEWAL
- ☐ NEW MEMBERSHIP

(3) TYPE OF AGENCY

- ☐ County Government
- ☐ State Government
- ☐ Municipality
- ☐ Social Service Agency
- ☐ Private for Profit Agency
- ☐ Business/Corporate/Vendor
- ☐ Other:_____

(4) CONTACT - MEMBERSHIP DATA (PLEASE PRINT CLEARLY)

Corporate/Business Members may wish to include corporate headquarters information and regional office information

Name: _____
Last First MI

Title: _____

Agency/Business: _____

Address: _____

City:_____ State:_____ Zip: _____

Phone: ( )_____ Fax: ( )_____

Email: _____

Web Site:_____

(5) Please Select

- ☐ You **MAY** include my information in the NJ COST Membership Directory
- ☐ Please **DO NOT** include my information in the NJ COST Membership Directory

(6) Payment Method

- ☐ Payment/Voucher Enclosed
- ☐ Bill Me
- ☐ Email a Credit Card Invoice
- ☐ NF Pre-Approved Scholarship

Please make checks/vouchers payable to:

NJ COST
PO Box 184
Manville, NJ 08835

Tax ID # 22 340 2536