



VAPT MEMBERSHIP APPLICATION 2017

(Membership Dues \$25.00)

New Member? Yes _____ No _____ Type of Membership (circle one) Voting Non-Voting

VOTING (3 categories with all rights and privileges of membership including holding office.)

Active –An individual employed to perform administrative pupil transportation functions by any of the following located in the Commonwealth of VA: School District-Directors & Assistants, Supervisors & Assistants, Coordinators & Training Personnel; Chief Technicians, Superintendents; State Depart. of Education Personnel.

Life –Receive the same benefits as Active Members. Past Presidents of VAPT receive a Life Membership, and those meeting the established criteria as set forth in the bylaws are eligible for Life Membership. The criteria for Life Membership are: The individual has held an Active/Individual membership in VAPT for a minimum of fifteen (15) years; meets the criteria for Active membership at the time of application; provided meritorious services to VAPT as a committee chair, officer or other noteworthy accomplishments.

Emeritus –Individuals who held an Active Membership in VAPT & contributed meritorious service to VAPT at the time of retirement for the field of pupil transportation are eligible to apply for & may be granted Emeritus Membership.

NON-VOTING (2 categories with rights and privileges, excluding the right to hold office.)

Business Associate Member: Individuals commercially interested in the field of pupil transportation, including exhibitors, business firms, advertisers, school bus manufacturing professionals, or other pupil transportation related for-profit or non-profit businesses.

Honorary Members: Individuals who have contributed meritorious service to pupil transportation in VA may be offered this membership upon recommendation of the Executive Officers & approved by the Board of Directors.

(Circle one) Dr. Mr. Mrs. Ms. Miss _____

_____ Last First

Title (circle one) Director Associate Director Supervisor Other (be specific) _____

School Division _____(City/County) or Organization _____

Mailing Address (P. O. Box or Street/Hwy) _____

City _____ State _____ Zip Code _____

E-mail Address (Business/home) _____

Business Telephone () _____ Fax () _____

VAPT STANDING AND SPECIAL COMMITTEES: Please indicate beside the committees listed below if you are interested in serving on that committee.

- ___ Audit ___ Membership ___ Newsletter ___ Conference ___ Legislative
- ___ Position Papers ___ Constitution/By-Laws ___ Resolutions ___ Poster ___ Scholarship
- ___ Road-e-o

Send to: Bertha A. Thomas, VAPT Membership 1675 Hollybush Road
Transportation Supervisor Dendron, VA 23839
Surry County Public Schools

For Office Use Only (Please do not write in this box)

RECEIPT/MEMBERSHIP NUMBER: _____	
Application received by _____	Date Received _____
Fee Received by _____	Date Received _____ Amount _____
Check # _____ Cash _____	Date posted by Treasurer _____
Date posted to the Membership Listing: _____	