



VAPT MEMBERSHIP APPLICATION 2018

(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: _____