



VAPT MEMBERSHIP APPLICATION 2015

(Membership Dues \$15.00)

New Member? Yes _____ No _____

Type of Membership (circle one) Active Associate Honorary

Active – Administrative personnel in pupil transportation such as directors and assistants, supervisors, and assistants and chief mechanics. Also, personnel whose responsibilities and duties are related to pupil transportation in some administrative capacity such as training coordinators, state department of education personnel and superintendents.

Associate – Those members whose primary concentration of interest includes the safe transportation of young people of the Commonwealth, such as school bus body and chassis representatives and others directly associated with or concerned with the objectives of the Association.

Honorary – Former administrative employees in pupil transportation no longer actively employed and who are categorized as associate members, but who are no longer actively engaged in the field of pupil transportation.

Form of Address (circle one) Dr. Mr. Mrs. Ms. Miss
Name (Last): _____ (First) _____

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

School Division _____ (City/County) Region # _____
Or Organization _____

Mailing Address (P. O. Box or Street/Hwy) _____
City _____ State _____ Zip Code _____

E-mail Address (Business) _____
E-mail Address (Home –optional) _____

Circle the e-mail address you would like the VAPT newsletter sent to.

Business Telephone () _____ Fax () _____

Emergency Use Telephone Numbers in the event another VAPT member needs assistance while in your area: () _____

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
_____ Nominating _____ Position Papers _____ Constitution/By-Laws _____ Resolution
_____ Poster Contest _____ Legislative _____ Scholarship _____ Road-e-o

Send to: Bertha A. Thomas, VAPT Membership
Transportation Supervisor
Surry County Public Schools
1675 Hollybush Road
Dendron, VA 23890

For Office Use Only

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: _____

PLEASE DO NOT WRITE IN THIS BOX