



2016-17 Application/Renewal for Vendor Membership

Applicant's name: _____

Title/Position: _____

Representing Company: _____

- Indicate type of membership desired:
- Presidential Gold** – \$750.00 - Includes unlimited employee memberships.
 - Silver** – \$500.00 - Includes up to four employee memberships.
 - Individual Membership** – \$100.00

Please make checks payable to RATSA
Submit payment & application to Robert Galloway, Treasurer

Mail payment to: Robert Galloway, Transportation Supervisor
North Rose Central School District
10486 Salter Road, North Rose, NY 14516

Applicant Information:

Business address: _____ Zip _____

Business telephone: () _____ * Preferably direct line number

Fax telephone: () _____ Fax location _____

Cellular Telephone: () _____ Pager number () _____

E-mail address: _____

Association use: _____

Date: _____

Check # _____

P.O. # _____

Treasurer signature _____

Cash _____

List members associated with vendor (Please Print):

Name: _____ **E-Mail:** _____

Phone: _____ Cell: _____

Name: _____ **E-Mail:** _____

Phone: _____ Cell: _____

Name: _____ **E-Mail:** _____

Phone: _____ Cell: _____

Name: _____ **E-Mail:** _____

Phone: _____ Cell: _____

Name: _____ **E-Mail:** _____

Phone: _____ Cell: _____

Name: _____ **E-Mail:** _____

Phone: _____ Cell: _____

Name: _____ **E-Mail:** _____

Phone: _____ Cell: _____

Name: _____ **E-Mail:** _____

Phone: _____ Cell: _____

Name: _____ **E-Mail:** _____

Phone: _____ Cell: _____

Name: _____ **E-Mail:** _____

Phone: _____ Cell: _____

Name: _____ **E-Mail:** _____

Phone: _____ Cell: _____