



2016-17 Application/Renewal for Membership

Applicants name: _____

Title/Position: _____

Representing: _____

Check type of membership desired: Active Associate Life member status (no dues)

\$30 annual dues for Associate members

Submit payment payable to RATSA & application to Robert Galloway, Treasurer

Robert Galloway, Transportation Supervisor
North Rose Central School District
10486 Salter Road, North Rose, NY 14516

Applicant Information:

Home address: _____ Zip _____

Home telephone: (____) _____ Cellular (____) _____

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 : _____