



## ALLIED MEMBER APPLICATION

### AIRPORT GROUND TRANSPORTATION ASSOCIATION, INC.

UM-SL Center for Transportation Studies • One University Blvd. • 154 University Center • St. Louis MO 63121-4499  
 Voice 314-516-7271 Fax 314-516-7272 Web Site www.agtaweb.org E-mail admin@agtaweb.org

SUPPLIER NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ CITY ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX NO. \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ WEB SITE \_\_\_\_\_

AGTA REPRESENTATIVES (1) \_\_\_\_\_ TITLE \_\_\_\_\_

(2) \_\_\_\_\_ TITLE \_\_\_\_\_

(Companies desiring to list names and addresses of regional representatives may advise accordingly and attach the pertinent information to this application. Names, addresses, and the telephone numbers as provided by you will be listed in our directory.)

The abovesigned individual, corporation, or co-partnership is engaged in the manufacture, sale, or distribution of information, supplies, or materials relative to the airport ground transportation industry. Briefly enumerated, these services include:

\_\_\_\_\_  
 \_\_\_\_\_

HOW did you learn about AGTA? \_\_\_\_\_

It would be helpful for you to include with this application (1) copy of promotional literature for us to file in order that we might correctly direct inquires about your services.

**MEMBERSHIP DUES OF \$400 OR THE EQUIVALENT ON U.S. BANK CHECK or CREDIT CARD ARE RENEWABLE EACH CALENDAR YEAR AND SHOULD ACCOMPANY THIS APPLICATION.**  
 (Visa, MasterCard or American Express accepted) \* Membership subject to approval by Board of Directors.

\_\_\_\_\_ \$ \_\_\_\_\_  
 Credit Card Number (if paying by credit card) Exp. Date Type of Card Amount

\_\_\_\_\_  
 Printed name as it appears on the card

\_\_\_\_\_  
 Signature of cardholder