



Membership Application

*** THIS COMPLETED FORM IS REQUIRED FOR COMPLETION OF ALL MEMBERSHIP APPLICATIONS AND RENEWALS.**

Company or Airport _____

Street Address: _____ **Web Site: www.** _____

Street Address (2): _____ **Airport Code:** _____

City: _____

State/Province: _____ Zip/Postal Code: _____

Company/Airport Description (Required):

Airport (Most recent annual enplanement): _____

Associate (Parking or courtesy operation; Other):

Number and type(s) of vehicles operating (if any): _____

Description of services provided: _____

Operator (Provider of for-hire ground transportation service):

taxis _____ // % of business _____ Manufacturer(s) _____

9 --- 12 pass. Vans _____ // % of business _____ Manufacturer(s) _____

13 --- 16 pass. Vans _____ // % of business _____ Manufacturer(s) _____

16 --- 24 pass. buses _____ // % of business _____ Manufacturer(s) _____

25+ pass. buses _____ // % of business _____ Manufacturer(s) _____

limousines _____ // % of business _____ Manufacturer(s) _____

Allied (Vendors) --- Your products and/or services for airports and/or airport ground transportation:

Primary Representative (required)

First Name: _____

Last Name: _____

Title: _____

E-Mail Address: _____

Phone: _____

Fax: _____

Second Representative (HIGHLY recommended)

First Name: _____

Last Name: _____

Title: _____

E-Mail Address: _____

Phone: _____

Fax: _____

Calendar Year Dues \$500 PER COMPANY/AIRPORT scanned to me at admin@agtaweb.org, faxed to my desk at 314-667-3850, or sent by mail to **AGTA/Airport Ground Transportation Association, 1538 Powell Rd., Powell OH 43065**. Additional representatives can be designated with attached contact information plus \$50 per addition. *(The renewal/application is not complete UNTIL THIS MEMBERSHIP INFORMATION FORM is received by our office. Payment section not required once paid.)*

AMOUNT \$ _____ **Credit Card (Please check type):** _____ **Visa** _____ **MasterCard** _____ **American Express**

Credit Card Number: _____ Expiration Date: _____ / _____ CID: _____

Name as appears on credit card _____ Zip code for card _____