

Membership Has Its Benefits

New Member Application 2022

Thank you for your interest in becoming a member of the Ohio Public Transit Association. Your membership allows you to participate in the ongoing efforts to promote and strengthen public transit in our communities, state, and nation.

Email completed application to pvanarsdale@ohioneedstransit.org or mail to:

Ohio Public Transit Association 605 North High Street #175 Columbus, Ohio 43215

Applications will be reviewed by OPTA's Membership Chair. Once approved, you will receive a confirmation of membership and the invoice for your membership dues. * Required fields

MEMBERSHIP CATEGORIES - Select One*

Detailed category information is available at www.ohioneedstransit.org/membership

PUBLIC TRANSIT SYSTEM

MOBILITY MANAGER

ASSOCIATE MEMBER

ORGANIZATION PROFILE		
Name of Organization*		
Mailing Address*		Suite/Floor
City*	State*	Zip Code*
Phone Number: Office*	Mob	ile
Web Address*		
Primary Contact: First Name*		Last Name*
Title*	Email*	
Phone Number: Office or Direct*	Mobile	·
The primary contact agrees to rec	ceive all OPTA correspo	ondence at mailing address and email indicated.
Application submitted by*		
Print Name		Title

DEMOGRAPHIC INFORMATION

* Required fields

TRANSIT SYSTEMS					
Population Number Served*					
Counties Served*					
Number of Licensed Buses in Fleet*					
Number of Employees*					
MOBILITY MANAGER					
Coordinator of Transportation Services*	☐ Yes	☐ No			
Receives funding from ODOT through the FTA 5310 Program*	☐ Yes	□ No			
ASSOCIATE MEMBERS					
Business Categories – Select all that apply*					
□ Manufacturer/Supplier □ Consulting Company					
☐ Professional Services ☐ Construction Contractor					
☐ Other					
Description*					
Products & Services Provided*					















