

Conference Of Minority Transportation Officials
Corporate and Transportation Agencies Application

New Member Renewal

ORGANIZATIONAL PROFILE: *(published in the COMTO Directory)*

Official Organization: _____

Name: _____

Mailing Address: _____

City/State/Zip Code: _____

Business Phone: _____

Fax: _____ E-mail: _____

Web Address: _____ Local Chapter Affiliation: _____

Referred by: _____

How did you hear about COMTO? () *Newsletter* () *COMTO Member* () *Website* () *Other* _____

REPRESENTATIVE:

Name: _____

Title: _____

Phone: _____

Fax: _____

E-mail: _____

REPRESENTATIVE:

Name: _____

Title: _____

Phone: _____

Fax: _____

E-mail: _____

REPRESENTATIVE:

Name: _____

Title: _____

Phone: _____

Fax: _____

E-mail: _____

REPRESENTATIVE:

Name: _____

Title: _____

Phone: _____

Fax: _____

E-mail: _____

MEMBERSHIP CATEGORIES (select one)

CATEGORY A – TRANSPORTATION SYSTEMS

Annual Operation Expenses: \$ _____

For year ending: _____

Dues Rate: _____

Dues are based on annual operating expenses for the most recent completed year. See chart.

<u>Operating Expenses</u>	<u>Dues Range</u>
Under \$1,000,000	\$1,500
1,001,000 to 10,000,000	\$2,500
10,001,000 to 50,000,000	\$3,500
50,001,000 to 100,000,000	\$5,000
100,001,000 to 150,000,000	\$7,500
151,000,000 to 200,000,000	\$10,000
201,000,000 & Above	\$15,000

CATEGORY B – BUSINESS MEMBERS

Annual Operation Expenses: \$ _____

For year ending: _____

Dues Rate: _____

Dues are based on annual gross sales or billings for the most recent completed year. See chart.

<u>Annual Gross Sales or Billings</u>	<u>Total Dues Payable</u>
Up to \$250,000	\$1,200
250,001 to 500,000	\$2,500
500,001 to 1,000,000	\$3,500
1,000,000 to 2,500,000	\$4,500
2,500,000 & Above	\$5,000

Manufacturer/Supplier Contractor Consulting Company

Dues: Your membership dues must accompany this application. Please refer to the member category above for the appropriate payment amount.

NATIONAL SCHOLARSHIP FUND

Donations are appreciated. Amount \$ _____

PAYMENT OPTIONS

Check/Money Order Check no. _____ Amount \$ _____

Note: There is a \$25 charge for all returned checks.

Visa MasterCard Discover AMEX

Card # _____ Exp. Date _____

Name on Card: _____

Authorized Signature: _____ Date: _____

PLEASE RETURN APPLICATIONS AND PAYMENTS TO:

Conference of Minority Transportation Officials,
818 18th Street, NW, Suite 850, Washington, DC 20006
Phone: (202) 530-0551 Fax: (202) 530-0617