

# 2023-24 RATSA Application/Renewal for Vendor Membership



Submit form to:

Anthony DiNatale, Transportation  
Brockport CSD  
58 Owens Road  
Brockport, NY 14420

**Indicate Type of Membership Desired:**

- **Gold - \$750**  
Includes unlimited employee memberships
- **Silver - \$500**  
Includes up to four memberships
- **Individual Membership - \$100**

**Representing Company:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax Telephone: \_\_\_\_\_

**Member 1 - Name:** \_\_\_\_\_

Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone (Office): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

**Member 2 - Name:** \_\_\_\_\_

Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone (Office): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

**Member 3 - Name:** \_\_\_\_\_

Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone (Office): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

**Member 4 - Name:** \_\_\_\_\_

Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone (Office): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

• Please complete another sheet if needed

*Association Use Only:*

Date: \_\_\_\_\_ Invoice: \_\_\_\_\_

Check #: \_\_\_\_\_

P. O. #: \_\_\_\_\_

Treasurer Signature: \_\_\_\_\_

Cash: \_\_\_\_\_

