

# 2024-25 RATSA Application/Renewal for Membership



Submit form to:

Anthony DiNatale, Transportation  
Monroe 2-Orleans BOCES - CWD  
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**Active:** Any person shall be eligible for active membership who is employed by a public or nonpublic school in administrative or supervisory areas of pupil transportation.

**Associate:** Any person who is actively interested in, engaged in, or associated with any phase of pupil transportation may become an associate member and shall be entitled to the rights and privileges of the association except the right to vote and hold office.

**District Representing:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Member 1 - Name:** \_\_\_\_\_ Active - \$30  Associate - \$30

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

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

**Member 2 - Name:** \_\_\_\_\_ Active - \$30  Associate - \$30

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

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

**Member 3 - Name:** \_\_\_\_\_ Active - \$30  Associate - \$30


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

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

**Member 4 - Name:** \_\_\_\_\_ Active - \$30  Associate - \$30

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

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

 Please complete another sheet if needed

<i>Association Use Only:</i>	
Date: _____	Invoice: _____
Treasurer Signature: _____	
	<input type="checkbox"/> Check #: _____
	<input type="checkbox"/> P. O. #: _____
	<input type="checkbox"/> Cash: _____

