

## NCPTA Alumni Member Application Form

Please complete the following, which will appear in the directory published on the NCPTA website.

Full Name:

Email Address:

Phone Number (optional):

Total number of years (round up to nearest year) you have been affiliated with NCPTA:

Total number of years (round up to nearest year) you have served the public transportation industry:

Please answer the following, which will only be used by the Executive Director:

At the direction of the Executive Director on an occasional basis, are you willing to mentor a System or Business Partner Member and provide advice on a particular matter or issue?

Please send this completed form (keeping a copy for yourself) to the address below, along with a check for \$50.00 made payable to NCPTA.

NCPTA  
P.O. Box 369  
Olivia, NC 28368