



2009-2010

Application/Renewal for Membership

Applicants name: _____

Title/Position: _____

Representing: _____

Check type of membership desired: Active Associate Life member (no dues)

\$30 annual dues payable to RATSA

Submit payment & application to Jeremy Bricks, Secretary

Fairport Central Schools Transportation

860 Ayrault Rd

Fairport, New York 14550

New address

Applicant Information:

Home address: _____ Zip _____

Home telephone: (____) _____ Cellular (____) _____

Business address: _____ Zip _____

Business telephone: (____) _____ * Preferably direct line number

Fax telephone: (____) _____

Cellular Telephone: (____) _____

E-mail address: _____

Association use:

Date: _____

Check # : _____

P.O. #: _____

Treasurer signature _____

Cash : _____