

Membership Has Its Benefits

New Member Application 2022

Thank you for your interest in becoming a member of the Ohio Public Transit Association. Your membership allows you to participate in the ongoing efforts to promote and strengthen public transit in our communities, state, and nation.

Email completed application to elle@chwadvisors.com or mail to:

Ohio Public Transit Association 605 North High Street #175 Columbus, Ohio 43215

Applications will be reviewed by OPTA's Membership Chair. Once approved, you will receive a confirmation of membership and the invoice for your membership dues. * Required fields

MEMBERSHIP CATEGORIES – Select One*

Detailed category information is available at www.ohioneedstransit.org/membership

PUBLIC TRANSIT SYSTEM	MOBILITY MANAGER	ASSOCIATE MEMBER

ORGANIZATION PROFILE

Name of Organization*			
Mailing Address*			Suite/Floor
City*	State*	Zip	Code*
Phone Number: Office*		Mobile	
Web Address*			
Primary Contact: First Name*		Last N	ame*
Title*	E	Email*	
Phone Number: Office or Direct*	I	Mobile	
The primary contact agrees to re Application submitted by*	eceive all OPTA co	rrespondenc	e at mailing address and email indicated.
Print Name		Title	
Signature			Date

DEMOGRAPHIC INFORMATION

* Required fields

TRANSIT SYSTEMS	
Population Number Served*	
Counties Served*	
Number of Licensed Buses in Fleet*	
Number of Employees*	

MOBILITY MANAGER		
Coordinator of Transportation Services*	Yes	🗅 No
Receives funding from ODOT through the FTA 5310 Program*	Yes	🗅 No

ASSOCIATE MEMBERS		
Business Categories – Select all that apply*		
Manufacturer/Supplier	Consulting Company	
Professional Services	Construction Contractor	
D Other		
Description*		
Products & Services Provided*		



For more information, contact Elle Decot, Administrator 937.537.0625 | elle@chwadvisors.com