



Membership Has its Benefits

New Member Application 2024

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
88 E. Broad St., Suite 1120
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 Name* _____

Title* _____ Email* _____

Phone Number: Office or Direct* _____ Mobile _____

The primary contact agrees to receive all OPTA correspondence at mailing address and email indicated.

Application submitted by*

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

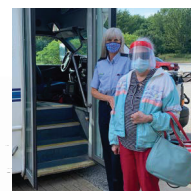
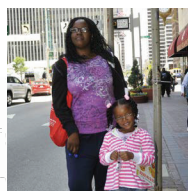
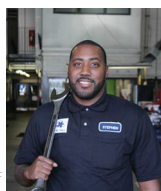
☐ Professional Services

☐ Construction Contractor

☐ Other

Description*

Products & Services Provided*



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