

Conference Of Minority Transportation Officials
HUB, Non-Profit Organizations & Academic Institutions Application

New Member Renewal

ORGANIZATIONAL PROFILE: *(published in the COMTO Directory)*

Official Organization: _____

Name: _____

Mailing Address: _____

City/State/Zip Code: _____

Business Phone: _____

Fax: _____ E-mail: _____

Web Address: _____ Local Chapter Affiliation: _____

Referred by: _____

How did you hear about COMTO? () *Newsletter* () *COMTO Member* () *Website* () *Other* _____

REPRESENTATIVE:

Name: _____

Title: _____

Phone: _____

Fax: _____

E-mail: _____

SECONDARY REPRESENTATIVE:

Name: _____

Title: _____

Phone: _____

Fax: _____

E-mail: _____

PLEASE NOTE:

Start-Up, Emerging and Breakthrough businesses receive membership for ONE representative.

Established businesses receive membership for TWO representatives.

Non-profit Organizations and Universities/Colleges receive membership for ONE representative.

MEMBERSHIP CATEGORIES (select one)

CATEGORY A – HISTORICALLY UNDERUTILIZED BUSINESS (HUBs)

<u>Type of Business</u>	<u>Number of Years in Business</u>	<u>Dues</u>
Start Up Business	First year in business	\$250.00
Emerging Business	Second year in business	\$350.00
Breakthrough Business	Third year in business	\$500.00
Established Business	Fourth year in business	\$1,000.00
	Fifth year in business	\$1,250.00
	Sixth year in business	\$1,500.00
	Seventh year in business	\$1,750.00
	Eighth + years in business	\$2,000.00*

*As long standing members of COMTO, \$250.00 of this fee will go towards paying the dues of five (5) Start Up Business selected by the COMTO Board of Directors as Mentor-Protégé firms.

CATEGORY B – NON-PROFIT ORGANIZATIONS - \$500

Type of Business _____ Number of Employees: _____

Brief Description of Business: _____

CATEGORY C – UNIVERSITIES AND COLLEGES - \$1,000

Number of Student's enrolled _____ For year ending: _____

Does the school have a transportation center? _____

Dues: Your membership dues must accompany this application. Please refer to the member category above for the appropriate payment amount.

NATIONAL SCHOLARSHIP FUND

Donations are appreciated. Amount \$ _____

PAYMENT OPTIONS

Check/Money Order Check no. _____ Amount \$ _____

Note: There is a \$25 charge for all returned checks.

Visa MasterCard Discover AMEX

Card # _____ Exp. Date _____

Name on Card: _____

Authorized Signature: _____ Date: _____

**PLEASE RETURN APPLICATIONS AND PAYMENTS TO:
Conference of Minority Transportation Officials,
818 18th Street, NW, Suite 850, Washington, DC 20006
Phone: (202) 530-0551 Fax: (202) 530-0617**