



NATP Membership Application

Membership Year: July 1 – June 30

Class I _____ Operator:
 5307 5310 5311 Other: _____ **I am a:**
 _____ \$55 Base Fee + _____ Operator
 _____ \$10 for each operating vehicle _____ City/County Official
 _____ Planner
Class II _____ Individual or non-operating agency - \$100 _____ Passenger
Class III _____ Vendor/Supplier - \$400 _____ Other

TOTAL FEE: \$ _____

*Please make checks payable to Nebraska Association of Transportation Providers.

Please fill out the following information:

Name:
Title:
Agency/Company:
Work Address:
City: _____ **State:** _____ **Zip Code:** _____
Work Phone:
Cell:
Website:
Email:

Please remit your payment to the address listed below:

NATP Phone: (402) 405-1278
P.O. Box 10 Email: jennifer@youraam.com
Milford, NE 68405 Website: www.neatp.org
 Fax: (402) 761-2224

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution