



NATP Membership Renewal Application

Membership Year: July 1 – June 30

Class I _____ Operator:

☐ 5307 ☐ 5310 ☐ 5311 ☐ Other: _____

_____ \$75 Base Fee +
_____ \$10 for each operating vehicle

I am a:

_____ Operator
_____ City/County Official
_____ Planner
_____ Passenger
_____ Other

Class II _____ Individual or non-operating agency - \$100

Class III _____ Vendor/Supplier - \$400

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
P.O. Box 10
Milford, NE 68405**

Phone: (402) 405-1278
Email: kathi@youraam.com
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 When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution

ADVOCACY – TRAINING – NETWORKING – OUTREACH – APPRECIATION - PROMOTION