



## MEMBERSHIP APPLICATION

*(Payable with application-Deposited upon Board approval)*

**FROM: AIRPORT GROUND TRANSPORTATION ASSOCIATION/AGTA**  
1538 POWELL RD.  
POWELL, OHIO 43065

**To: Company or Airport:** \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

### Membership Category:

- \_\_\_\_\_ **AIRPORT**  
\_\_\_\_\_ **OPERATOR (Airport Ground Transportation & Shuttle Providers)**  
\_\_\_\_\_ **ALLIED (Vendors to the industry)**

**2021 Annual Dues:** \$500 per company or airport/2 representatives  
Add \$50 per person for additional representatives

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### Primary AGTA Contact (required)

Full Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Secondary AGTA Contact (HIGHLY recommended)

Full Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**2021 Calendar Year Annual Dues** ---- **\$500 PER COMPANY/AIRPORT** (Includes 2 representatives)  
Additional representatives can be designated with attached contact information plus \$50 per addition.

- PAYMENT OPTIONS:** 1) Fax to 314-667-3850  
2) Mail to AGTA, 1538 Powell Rd., Powell OH 43065.

**IMPORTANT:** Upon notice of approval, log into [www.agtaweb.org](http://www.agtaweb.org) and follow the Manage My Profile link. Review the contact information and make changes as necessary. Unless notified in writing, AGTA must assume that the information currently listed for your membership is correct.

**Credit Card (Please check type):** \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express **AMOUNT \$** \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_ CID: \_\_\_\_\_  
Name as appears on credit card \_\_\_\_\_ Zip/Postal Code for card \_\_\_\_\_