



NYAPT

NEW YORK ASSOCIATION FOR PUPIL TRANSPORTATION

266 Hudson Avenue · Albany, NY 12210 · PH: 518-463-4937 · FX: 518-463-8743 · WWW.NYAPT.ORG

Our future is riding with us!

Application for Life Membership in NYAPT

In order to maintain the honor and significance of **Life Membership** and the Board of Directors has adopted the following guidelines to guide our review of nominations submitted for selection. In accordance with the by-laws, the Board must act on all nominations for Life Membership. These guidelines are intended to help the Board and the Member Services committee review nominations by ensuring that we receive qualifications that are appropriately documented and supported. In accordance with the by-laws, the Board must act on all nominations for Life Membership. These guidelines are intended to help the Board and the Member Services committee review nominations by ensuring that we receive qualifications that are appropriately documented and supported.

The definition for Life Membership recognition is as follows:

“Any member, past or present, who has contributed meritorious service to pupil transportation. Eligibility for Life Member status shall be based upon nomination by majority vote of the appropriate standing committee and confirmation by majority vote of the Board of Directors...”

LIFE MEMBERSHIP: To be considered for Life Membership in NYAPT, members must be nominated and endorsed by their local chapter, OR if there is no local chapter, nominations may be made directly to the Membership Committee. NYAPT membership dues must be paid up for at least five years, plus two or more of the following:

1. Charter Member of NYAPT: YES: NO:
2. Member of NYAPT Executive Committee for 2 or more years. Office _____ Yrs. Held _____
3. Member of NYAPT Board of Directors for 2 or more years. Chapter _____ Yrs. Held _____
4. NYAPT Committee Chair for 2 or more years. Committee _____ Yrs. Held _____
 Committee _____ Yrs. Held _____
5. Member of NYAPT committee for 5 or more years. Committee _____ Yrs. Held _____
 Committee _____ Yrs. Held _____
6. Held other appointed office of NYAPT for 3 or more years. Office _____ Yrs. Held _____
7. Other (i.e., Contributions). Must have supporting documentation.

Name of Nominee: _____

Date: ____/____/____

Chapter: _____

Nominator: _____

Phone: (____) _____

Email: _____

Fax: (____) _____

Please return completed application and **MAIL by May 1, 2018**, to:

NYAPT Membership Committee
266 Hudson Avenue
Albany, New York 12210
ATTN: Life Membership Application