



YES, renew my 2018 NSTA STATE ASSOCIATION membership!

About Your Association

Association: _____

Address: _____

City/Province/Postal Code: _____

Telephone: _____ Fax: _____

Let us know who from your association should receive NSTA 64, the monthly NSTA e-Newsletter. You can list as many employees as you wish. Use additional sheets as necessary.

Executive Director: _____ Email: _____

President: _____ Email: _____

Additional Contact: _____ Email: _____

Meeting & Events

We'd love to know when your state meetings and events occur to add to our industry event calendar. These include state conferences, state competitions, webinars, etc. Use additional sheets as necessary.

Event Name:	Date(s):

2018 Membership Renewal: \$500

Please indicate the payment enclosed for your 2018 dues: CHECK CREDIT CARD

Checks should be made payable to National School Transportation Association. Please use enclosed Credit Card Authorization form for credit card payments.

Submit renewal form and payment to: National School Transportation Association Billing Office
623 North Broad Street Lansdale, PA 19446 or email info@yellowbuses.org



State Association One Time Credit Card Payment Authorization Form

Please sign and complete this form to authorize the *National School Transportation Association* to make a one-time debit to your credit card listed below.

By signing this form you give NSTA permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account. If sending a check, please make payable to National School Transportation Association.

Please complete the information below:

I _____ authorize NSTA to charge my credit card account indicated below for
(full name)
\$ _____ on or after _____ with the understanding that it will be processed within 7
(amount) (date)
days from receipt. This payment is for **2018 State Association Membership Dues**.

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Payment Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover Cardholder Name _____ Card Number _____ Expiration Date _____ CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

I authorize the above named business to charge the credit card indicated on this authorization form according to the terms out-line above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE _____

DATE _____

The Omnibus Budget Reconciliation Act of 1993 eliminated the deductibility of lobbying expenses for federal income tax purposes. NSTA has determined that 38% of your dues are allocated to certain lobbying or political expenditures and therefor are not an allowable business expense.