



## Member Emeritus Application

**Dues Year: 2015-2016**

Thank you for your continued involvement with NSTA! In order to qualify for Member Emeritus status you must be a past recipient of NSTA's Hall of Fame award or a past president of NSTA. Dues for Member Emeritus Membership are \$100 per year.

To provide you with the best service possible, please complete this form and mail it to the NSTA Office, fax it to 703-684-3212, or email a scanned copy to [info@yellowbuses.org](mailto:info@yellowbuses.org). NSTA accepts payment in the form of check or credit card.

### Personal Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you a:     Past President     Hall of Fame Recipient

Term/Year: \_\_\_\_\_

Please check this box if you are interested in receiving NSTA's bi-weekly newsletter.

### Payment Information:

Please make checks payable to **National School Transportation Association** and mail to: **122 South Royal Street Alexandria, VA 22314** along with this application.

To submit payment by credit card, please fill out the attached form.



## 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.

**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  
(amount) (date)  
within 7 days from receipt. This payment is for \_\_\_\_\_.  
(description of goods/services)

Billing Address \_\_\_\_\_

Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Card Type:  Visa  MasterCard  AMEX  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 outline 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 \_\_\_\_\_