



NATIONAL SCHOOL TRANSPORTATION ASSOCIATION

New Vendor Partner Member Verification Form

Dear Vendor Partner,

Thank you for your interest in joining the NSTA! In order to provide you with the best service possible, please fill out the information below about your business including calculation of your dues and mail it to the NSTA Billing Office, fax it to 703-684-3212, or email a copy to info@yellowbuses.org.

Check should be made payable to National School Transportation Association. A Credit Card Payment Authorization Form is also included in your packet if you'd like to pay by credit card.

Company Name _____ Contact Person _____

Title _____ E-mail Address _____

Telephone _____ Fax _____ Website _____

Mailing Address _____

Total Employees _____ Would others in your company like to receive the NSTA biweekly e-newsletter? Yes No

If yes, please list emails for the e-newsletter distribution list below for you convenience, or include a separate sheet with names and email addresses

Would you like more information on joining an NSTA Committee? Yes No Which Committee? _____

Dues:

_____ 1 Year Membership = \$2,000.00

Vendor Partner membership year runs from January 1 – December 31

Submit application and dues to:

National School Transportation Association Billing Office 623 North Broad Street

Lansdale, PA 19446 or email info@yellowbuses.org

Note: Contributions or gifts to NSTA are not deductible as charitable contributions for federal tax purposes. However, dues may be deductible as an ordinary and necessary business expense. Pursuant to the Omnibus Budget Reconciliation Act of 1993, 38.5% of your NSTA dues are attributable to nondeductible lobbying activity and is therefore not deductible under Internal Revenue Code Section 162 as an ordinary and necessary business expense. See your personal tax advisor for additional information.



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 2019 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 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 _____