



CrossTown Connect Transportation Management Association - *Membership Application*

Company/Organization: _____

Designated Board Member Name and Email: _____

(The person who will represent your organization at the quarterly meetings of the Board of Directors, the decision-making body of the TMA).

Designated Alternates Names and Emails (up to three may be selected): _____

Employee Transportation Advisor Name and Email: _____

(The person who will assist the TMA Director with distributing information about programs and events the TMA offers.)

Street Address: _____

Town: _____ **State:** _____ **ZIP:** _____

Telephone: _____ **Fax:** _____

Hours of Operation: _____ **Number of Employees:** _____

Hours of Van Operation (if applicable): _____

Annual Membership Category

Please check the appropriate membership category below.

Employer Categories

>1000 Employees	_____ \$8,250
500-999 Employees	_____ \$5,500
250-499 Employees	_____ \$2,750
<250 Employees	_____ \$1,100
Developers >200,000 sq ft	_____ \$5,500
Developers <199,000 sq ft	_____ \$2,750
>300 Housing Units	_____ \$8,250
200-299 Housing Units	_____ \$5,500
100-199 Housing Units	_____ \$2,750
<100 Housing Units	_____ \$1,100

Municipality Categories

With Dispatch Services Add Fee for Hours of Service and Monthly Ridership to Calculate Total

A – >21 hrs of service/day	_____ \$13,200
B – 10-20 hrs of service	_____ \$8,800
C – <10 hrs of service	_____ \$4,400
>750 avg. trips/month	_____ \$3,300
500-750 avg. trips/month	_____ \$2,200
250-499 avg. trips/month	_____ \$1,100
<249 avg. trips/month	_____ \$550
TOTAL Hrs of Svc + Avg Trips:	_____

Without Dispatch Services

General Membership _____ \$5,500

Membership fees for the TMA are tax-deductible as a business expense.

Please return this application with a check payable to the fiscal agent for the TMA:

The Town of Acton

c/o CrossTown Connect Transportation Management Association

2 Mill and Main Place, Suite 260G, Maynard, MA 01754

For more information, please call 978-929-6457