

Association of Mobility Managers Voting Membership Application

(Check One) Individual Organization

Complete this Section if You are Applying to be an Individual Voting Member

1. Your Name & Email Address:

2. Do you provide Mobility Management/Coordination Services for an organization (check one)?

Yes No

3. Organization You Work or Volunteer for:

4. Mailing/Physical Address (PO Box/Street Address, City, State, Zip Code):

5. Please briefly describe what you do for your organization:

Complete this Section if You are Applying to be a Not-for-Profit or For-Profit Voting Member

6. Name of Individual Completing the Application on Behalf of the Organization (Include Title, Email Address):

7. Name of Organization:

8. Mailing Address (PO Box/Street Address, City, State, Zip Code):

9. Designated Primary Location (Street Address, City, State, Zip Code):

10. Primary Voting Delegate (Full Name, Title, and Email Address):

11. Alternate Voting Delegate #1 (Full Name, Title, and Email Address):

12. Alternate Voting Delegate #2 (Full Name, Title, and Email Address):

13. How many Mobility Managers/Coordinators does this organization employ? _____

14. What is your organization's website address? _____

15. This organization is a (check one):

- Not-for-Profit organization (i.e., 501c3, political subdivision, quasi-governmental agency, regional planning commission, public housing agency, or public transit agency) who directly provides Mobility Management Services
- For-Profit organization who directly provides Mobility Management Services

16. Please briefly describe your Mobility Management Program/Services:

Voting Membership Classes & Dues

Voting membership in the Association of Mobility Managers, and all privileges thereof, shall be limited to and granted to any organization or individual providing mobility management services and/or programs. Any qualified organization or individual may apply for membership in writing to the Board of Directors. The Board of Directors may request additional information from the applicant to determine eligibility for membership. The Voting Membership classes and annual dues shall be as follows:

1. Individual Voting Member – an individual providing Mobility Management services who is employed by an organization or is a volunteer for an organization. An Individual member can also be an individual who provides Mobility Management services on their own with no specific association to an organization. The annual membership dues for an Individual Voting Member are \$50.00.
2. Not-for-Profit Voting Member – any not-for-profit organization, political subdivision, quasi-governmental agency, regional planning commission, public housing agency, or public transit agency who directly provides Mobility Management services. The annual membership dues will be based on the number of Mobility Managers/Coordinators employed by the not-for-profit organization:
 - a. 1 to 5: \$250.00
 - b. 6 to 10: \$500.00
 - c. 11 to 20: \$750.00
 - d. 21 or more: \$1,000.00
3. For-Profit Voting Member – any for-profit organization who provides Mobility Management services. The annual membership dues will be based on the number of Mobility Managers/Coordinators employed by the for-profit organization:
 - a. 1 to 5: \$500.00
 - b. 6 to 10: \$1,000.00
 - c. 11 to 20: \$1,500.00
 - d. 21 or more: \$2,000.00

Please email the completed application to The Association of Mobility Managers at contact@associationofmobilitymanagers.com

Once your membership class and dues amount has been determined, you/your organization will receive an invoice at the email address listed on the application for membership. Thank you so much for your interest!