



Membership Application

Member Name: _____

Street Address: _____ Unit/Suite: _____

Town/City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Hours of Operation: _____ Hours of Van/Shuttle Operation: _____
(if applicable) (if applicable)

Annual Membership Categories

Property Owner/Developers		Residential		Municipal Entity		Employers	
Square Feet	Dues	# of Units	Dues	Population	Dues	# of Employees	Dues
More than 200,000	\$8,000	More than 300	\$8,000	More than 45,000	\$8,000	More than 1000	\$8,000
199,000 - 100,000	\$4,000	200 - 199	\$5,000	30,000 - 44,999	\$6,000	500 - 999	\$5,000
Less than 99,000	\$2,000	200 - 299	\$2,500	10,000 - 29,999	\$4,000	250 - 499	\$2,500
		Less than 100	\$1,000	Less than 10,000	\$2,000	Less than 250	\$1,000
				Ex Officio	\$1,000		

Membership Category: _____ Annual Dues Contribution: _____

Membership Level (please provide exact square footage, units, residents, or employees): _____

Designated Representatives to the TMA

Please list person who will represent your organization at the TMA meetings and who will be authorized to cast your vote and two designated alternates who are authorized to fill the role whenever needed.

Name: _____ Email: _____

Alternate Name: _____ Email: _____

Alternate Name: _____ Email: _____

Designated Employee Transportation Advisor

Please list person who will assist the TMA director with distributing information about programs and events the TMA offers.

Name: _____

Email: _____

Return application with a check payable to:
NCM Rides TMA
 c/o North Central Mass Chamber of Commerce
 860 South Street, Fitchburg, MA 01420
 For more information: jquinn@transactionassoc.com

Please note that additional services requested by members, such as shuttles, may be billed on a fee for service basis in addition to annual membership investments.

Membership dues will be pro-rated for members joining after January 1.

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