



**NEW YORK ASSOCIATION  
FOR PUPIL TRANSPORTATION**

1764 Route 9 / P.O. Box 356 / Clifton Park, NY 12065 / 518.463.4937 / www.NYAPT.org

**NYAPT**

*Our future is riding with us!*

**2022 Application for Life Membership in NYAPT**

In order to maintain the honor and significance of **Life Membership**, the Board of Directors has adopted the following guidelines to guide our review of nominations submitted for selection. In accordance with the by-laws, the Board must act on all nominations for Life Membership. These guidelines are intended to help the Board and the Member Services committee review nominations by ensuring that we receive qualifications that are appropriately documented and supported.

**The definition for Life Membership recognition is as follows:**

*“Any member, past or present, who has contributed meritorious service to pupil transportation. Eligibility for Life Member status shall be based upon nomination by majority vote of the appropriate standing committee and confirmation by majority vote of the Board of Directors...”*

**LIFE MEMBERSHIP:** To be considered for Life Membership in NYAPT, the members must be nominated and endorsed by their local chapter, OR if there is no local chapter, nominations may be made directly to the Membership Committee. NYAPT membership dues must be paid up for at least five years, plus two or more of the following:

1. Charter Member of NYAPT: YES  NO
2. Member of NYAPT Executive Committee for 2 or more years. Office \_\_\_\_\_ Yrs. Held \_\_\_\_\_
3. Member of NYAPT Board of Directors for 2 or more years. Chapter \_\_\_\_\_ Yrs. Held \_\_\_\_\_
4. NYAPT Committee Chair for 2 or more years. Committee \_\_\_\_\_ Yrs. Held \_\_\_\_\_  
Committee \_\_\_\_\_ Yrs. Held \_\_\_\_\_
5. Member of NYAPT Committee for 5 or more years. Committee \_\_\_\_\_ Yrs. Held \_\_\_\_\_  
Committee \_\_\_\_\_ Yrs. Held \_\_\_\_\_
6. Held other appointed office of NYAPT for 3 or more years. Office \_\_\_\_\_ Yrs. Held \_\_\_\_\_
7. Other, i.e., Contributions. Must have supporting documentation.

Name of Nominee: \_\_\_\_\_

Date: \_\_\_\_\_ Chapter: \_\_\_\_\_

Nominator: \_\_\_\_\_ Email: \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Please return

completed application by May 1st of the award year to:

NYAPT Membership Committee  
1754 Route 9  
Clifton Park, NY 12065  
ATTN: Life Membership Application