

**PORT AUTHORITY OF ALLEGHENY COUNTY/ACCESS
COMMITTEE FOR ACCESSIBLE TRANSPORTATION
MEMBERSHIP APPLICATION**

(Please Print or Type)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ DAYTIME PHONE: (____) _____

I am (*check one*): _____ Consumer _____ Transit Employee
_____ Agency Staff _____
(Name of Agency)

What percentage of your trips are made by: _____ ACCESS _____ Port Authority
_____ Auto _____ Other

Why are you interested in joining the Committee for Accessible Transportation?

How are you able to contribute to the efforts of the Committee for Accessible Transportation?

What are some of your ideas for improving public transportation? _____

How did you learn about the Committee for Accessible Transportation? _____

Signature: _____ Date: _____

Return the completed form to: Ms. Holly Dick
Committee for Accessible Transportation
ACCESS Transportation
Centre City Tower
650 Smithfield Street
Pittsburgh, PA 15222-3900

If you need assistance to complete this form please call ACCESS at (412) 562-5353.

Do you need information in an accessible format? If yes, please indicate preferred format:

_____ Braille _____ Audio Cassette _____ Large Print _____ E-Mail _____ Computer Disk