

AGENCY / SUSTAINING MEMBERSHIP APPLICATION

CASTO

California Association of School Transportation Officials
P.O. Box 205, Aromas, CA 95004
www.castoways.org
855-CASTO68 ext .101 (toll free)



New

Renewal

Agency Membership

Agency Name: _____

Agency Representative: _____ Title of Representative: _____
Last Name First Name

Agency Mailing Address: _____ City: _____ State: _____ Zip: _____

Agency Phone #: () _____ Agency Fax #: () _____

Email Address: _____

Number of School Board Members: _____

Sustaining Membership

Business Name: _____

Business Representative: _____ Title of Representative: _____
Last Name First Name

Business Mailing Address: _____ City: _____ State: _____ Zip: _____

Business Phone #: () _____ Business Fax #: () _____

Email Address: _____

(Check one which best approximates nature of business)

- | | |
|---|--|
| <input type="checkbox"/> 21. Bus or chassis manufacturer or distributor | <input type="checkbox"/> 27. Facilities and shop equipment service firm, Maintenance and repair, custodial, security, etc. |
| <input type="checkbox"/> 22. Vehicle components, tires and accessories Manufacturer or distributor | <input type="checkbox"/> 28. Consultant, engineering, computer service, other Administrative or office services |
| <input type="checkbox"/> 23. Facilities and shop equipment manufacturer or distributor | <input type="checkbox"/> 29. Financial, insurance, leasing, and related services |
| <input type="checkbox"/> 24. Petroleum products manufacturer or distributor | <input type="checkbox"/> 30. Computers, software, etc. |
| <input type="checkbox"/> 25. Other manufacturer / distributor | <input type="checkbox"/> 31. Others |
| <input type="checkbox"/> 26. Vehicle or vehicle components service firm: Maintenance and repair, towing, tire service, cleaning, etc. | |

Chapter Affiliation

Mark One

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> 1 Riverside & San Bernardino | <input type="checkbox"/> 6 Sacramento Area | <input type="checkbox"/> 12 Kern County | <input type="checkbox"/> 18 Humboldt, Del Norte |
| <input type="checkbox"/> 2 Orange County | <input type="checkbox"/> 7 San Francisco Bay Area | <input type="checkbox"/> 13 Sonoma, Marin, Lake, Mendocino | <input type="checkbox"/> 19 Monterey, Santa Cruz County |
| <input type="checkbox"/> 3 San Diego & Imperial | <input type="checkbox"/> 8 Fresno & Central Valley | <input type="checkbox"/> 14 King, Tulare, Inyo | <input type="checkbox"/> 20 High Desert |
| <input type="checkbox"/> 4 Los Angeles | <input type="checkbox"/> 9 San Luis Obispo & Central Coast | <input type="checkbox"/> 15 North San Joaquin Valley | |
| <input type="checkbox"/> 5 Ventura & San Barbara | <input type="checkbox"/> 10 Contra Costa, Napa, Solano | <input type="checkbox"/> 17 Redding, Shasta, Wonderland | |

Dues & Payment Information

___ Yes, please enroll me as a *CASTO* member for the coming year (July 1 through June 30). I have checked the appropriate dues category and indicated my desired method of payment. Date _____ Amount of Dues \$ _____

Dues

Agency Member	\$150.00
Sustaining Member	\$250.00



Method of Payment

___ A. Check Enclosed
(Returned checks will be assessed a \$25.00 fee)

___ C. If paying by credit card please provide the following:

Name as it appears on the card _____ Card # _____

Expiration Date _____ CVC# _____ Signature _____

Billing Address _____

City _____ State _____ Zip Code _____