



**NEW YORK ASSOCIATION FOR PUPIL TRANSPORTATION
NASSAU COUNTY CHAPTER**

**2023 ~ 2024
School Year**

NYAPT INVOICE

_____ \$ 350.00 includes dues, programs, lunches, workshops and mailings.

_____ \$ 125.00 includes membership dues only. Lunches will be \$ 45.00.

Member Name: _____

Member Job Title: _____

Organization Name: _____

Organization Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Email Address: _____

For Good & Welfare Committee:

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone or Cell: _____ **Birth Month & Day** _____

Please mail this form with payment or purchase order to:

**NYAPT ~ Nassau County Chapter
Syosset Central School District
Business Office
99 Pell Lane – PO Box 9029
Syosset, NY 11791
Attn: Claudia Hardes- Transportation**

**99 Pell Lane, PO Box 9029, Syosset, NY 11791
Phone (516)364-5840 ~ Email: chardes6@aol.com**