

# Ohio School Bus Mechanics Association

P.O. Box 30844, Gahanna, Ohio 43230  
(614) 478-9300 (614) 478-9304 fax e-mail address: osbma@columbus.rr.com

## FACT SHEET & MEMBERSHIP APPLICATION

### PURPOSE

The general aim of the Ohio School Bus Mechanics Association is the advancement of pupil transportation as a part of a school district's public education program.

### GOALS

- \* To improve, promote and develop the professional status of school bus mechanics throughout the state of Ohio.
- \* To promote safe, efficient pupil transportation services through continual upgrading of school bus construction standards, school bus mechanics training requirements, as well as safer, more efficient school bus routing, and better communication among all those concerned with pupil transportation.
- \* To provide the professional growth and training for school bus mechanics in the schools of Ohio.
- \* To work toward upgrading preventative school bus maintenance, to promote efficient methods and high standards in pursuing the goal of providing and maintaining the safest vehicles possible for pupil transportation.
- \* To support and promote activities which will further the aims of the Association.

### DUES

- \* *Active membership is open to ANY QUALIFIED MECHANIC who has responsibility in maintaining the operation of a safe and efficient pupil transportation system. (\$20.00)*
- \* Each active member shall have one vote upon paying the annual fees for the current fiscal year. The fiscal year shall be July 1 through June 30.
- \* *Associate membership is open to Ohio school officials, retired mechanics, and vendors interested in promoting safe pupil transportation in Ohio. (\$10.00)*

PLEASE MAIL THE MEMBERSHIP APPLICATION ALONG WITH A CHECK OR MONEY ORDER in the amount of \$20.00 for active membership (or \$10.00 for associate membership) to:  
Ohio School Bus Mechanics Association, P.O. Box 30844, Gahanna, Ohio 43230

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## Ohio School Bus Mechanics Association Membership Form

(please print)

\_\_\_\_\_  
School District/Employer County

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City State Zip Code

( ) ( )  
\_\_\_\_\_  
Home Telephone Work Telephone