



*Advancing Women in Transportation*  
**Northeast Ohio Chapter**

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

Name of Agency: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Address: \_\_\_\_\_

\_\_\_\_\_

Approximate Number of Transportation Staff \_\_\_\_\_

\_\_\_\_\_  
Agency Contact Signature

\_\_\_\_\_  
President WTS Northeast Ohio Signature

The above signees agree the Agency shown above and WTS Northeast Ohio will partner to promote the goals and missions of WTS as outlined in the attached Public Agency Partnership statement.

Agency Members

(1 member for Agency with 25 or less transportation related employees, 2 required for Agency with greater than 25 transportation related employees)

Member Name \_\_\_\_\_

Dates of Membership \_\_\_\_\_

Member Name \_\_\_\_\_

Dates of Membership \_\_\_\_\_