

MASSACHUSETTS MOTOR TRANSPORTATION ASSOCIATION

APPLICATION FOR MEMBERSHIP

NEW MEMBER
(Please Circle One)

MEMBERSHIP RENEWAL

COMPANY _____ PHONE# _____ EXT _____ FAX# _____
NAME _____ TITLE _____
STREET ADDRESS _____ PO BOX _____
CITY _____ STATE _____ ZIP CODE _____
E-MAIL ADDRESS _____

CONTACT PERSON _____ PHONE# _____
E-MAIL ADDRESS _____

TYPE OF MEMBERSHIP
(Please Circle One)

DOMICILE CARRIER **PRIVATE CARRIER ASSOCIATE MEMBER**
NON-DOMICILED CARRIER **LEASING** **SAFETY COUNCIL** **MUNICIPALITY**

MEMBERSHIP DUES STRUCTURE (see attached sheet on structure)

MASS. DOMICILED CARRIER: GROSS REVENUE: _____ ANNUAL DUES: _____
PRIVATE CARRIER: # OF VEHICLES: _____ ANNUAL DUES: _____
ASSOCIATE MEMBER: BUSINESS TYPE: _____ ANNUAL DUES: _____
NON-DOMICILED CARRIER: MASS. MILES TRAVELED: _____ ANNUAL DUES: _____

PLEASE ENCLOSE PAYMENT WITH YOUR MEMBERSHIP APPLICATION

AMOUNT ENCLOSED _____ SIGNATURE _____

OR

PLEASE CHARGE THE FOLLOWING CREDIT CARD

CC#: _____ EXP. DATE: _____
AMOUNT TO CHARGE _____ SIGNATURE _____

I hereby make this application for membership with Massachusetts Motor Transportation Association for one year's membership dues as provided for in the contract.

Please complete this form and mail with payment to:

MMTA, Ten Liberty Square, 5th Floor, Boston, MA 02109
Phone#: 888-401-MMTA or 617-695-3512 Fax#: 617-695-0173
Website Address: www.mass-trucking.org