

ARIZONA TRUCKING

a s s o c i a t i o n



Motor Carrier Membership Application

Arizona Trucking Association has represented and provided services for the trucking and distribution industry since 1937. To help us continue to provide superior service to your company, please be sure to completely fill in all the blanks. If a question doesn't apply to your company, simply write "NIA". Thank you!

My company is joining as a (select one):

For-hire Motor Carrier (hauls freight for other businesses)

Principal commodities hauled: _____.

Private Carrier (hauls own company's products)

Principal business: _____.

Household Goods Carrier

Specialized Carrier or Rigger

Company Operates In:	
Check one	
<input type="checkbox"/>	Intrastate AZ Only
<input type="checkbox"/>	Interstate

COMPANY INFORMATION		
Company Name:		How long in business? _____ yrs.
Company Address:		Website:
City:	State: ZIP Code:	
Company Owner or CEO Name: (If different from main contact)		Title:
Address: (If different from main contact)	City:	State: Zip:
Phone:	E-mail:	
MAIN CONTACT INFORMATION – THIS PERSON WILL BE LISTED IN THE ONLINE MEMBERSHIP DIRECTORY **		
Name:		Title:
Address:	City:	State: Zip:
Phone:	E-mail:	
City:	State:	ZIP Code:
BILLING CONTACT (COMPLETE IF BILLING SHOULD GO TO PERSON OTHER THAN THE MAIN CONTACT)		
Name:		Title:
Address:	City:	State: Zip:
Phone:	E-mail:	
PERSON RESPONSIBLE FOR SAFETY COMPLIANCE		
Name:	Phone:	E-mail:
PERSON RESPONSIBLE FOR VEHICLE LICENSING		
Name:	Phone:	E-mail:
YOU MAY LIST UP TO 10 EMPLOYEES FOR OUR DATABASE TO RECEIVE E-BULLETINS AND OTHER INDUSTRY INFORMATION. PLEASE SUPPLY ADDITIONAL NAMES ON A SEPARATE SHEET OF PAPER		

PAYMENT INFORMATION

Payment Method is Checked Below.
Credit Card Method - Fill out all Sections of Information

Check ENCLOSED -US Funds payable to:
Arizona Trucking Association Check # _____

Charge my: Visa MC AMEX Amount: _____

Card Number _____

Expiration Date(00/00) _____ 3 digit secure code _____ (on back)

Print Cardholder Name (as it appears on Card) _____

Cardholder's Billing Address City State Zip

Signature _____

E-Mail Receipt to: _____

Carrier Dues Schedule As of 1/1/2010			
Annual AZ Miles		Annual Dues	
0	-	500,000	\$550.00
500,001	-	1,000,000	\$715.00
1,000,001	-	2,000,000	\$1045.00
2,000,001	-	3,000,000	\$1,375.00
3,000,001	-	4,000,000	\$1,705.00
4,000,001	-	5,000,000	\$2,035.00
5,000,001	-	6,000,000	\$2,640.00
6,000,001	-	7,000,000	\$3,410.00
7,000,001	-	8,000,000	\$3,960.00
8,000,001	-	9,000,000	\$4,620.00
9,000,001	-	10,000,000	\$5,225.00
10,000,001	-	11,000,000	\$5,940.00
11,000,001	-	12,000,000	\$6,600.00
12,000,001	-	13,000,000	\$7,260.00
13,000,001	-	14,000,000	\$7,975.00
14,000,001	-	15,000,000	\$8,580.00
15,000,001	-	16,000,000	\$9,240.00
16,000,001	-	17,000,000	\$9,900.00
17,000,001	-	18,000,000	\$10,560.00
18,000,001	-	19,000,000	\$11,000.00
19,000,001	-	20,000,000	\$11,880.00
20,000,001	-	OVER	\$13,090.00

* Carrier member application **must include**: Annual AZ Miles _____

* **(Attach most recent IFTA report summary)**

Registered number of Arizona power units & straight trucks over 10,000 lbs GVWR _____.

ATA provides many discounted services to its members. Please check any you would like to learn more about.

- | | |
|-----------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Vehicle Registration and Compliance Services | <input type="checkbox"/> Owner/Operator Insurance (COOL) |
| <input type="checkbox"/> Safety Compliance Consultation | <input type="checkbox"/> Fleet Safety Awards Program |
| <input type="checkbox"/> PrePass Truck Bypass System) | <input type="checkbox"/> Annual Truck Driving Championship |
| <input type="checkbox"/> Discounted Drug & Alcohol Testing | <input type="checkbox"/> Annual Leadership Conference |
| <input type="checkbox"/> Discounted Background Screening | <input type="checkbox"/> Arizona Transportation Education Foundation |
| <input type="checkbox"/> Discounted Safety Supplies | |

**Mail application with payment to
Arizona Trucking Association
7500 W. Madison St. Tolleson, AZ 85353
or fax to 602.252.8008 if paying by credit card.**

Thank you for your application, dues payment and supporting documents. Once your application has been approved you will receive a complete membership packet. For information in the meantime, contact Nancy Nelson at 602-850-6000 (nnelson@aztrucking.com).

**ATA publishes and regularly updates a password-protected online membership directory for its members. You will be issued a user name and password with your welcome packet that will provide you access to the "members only" section of our website at www.arizonatrucking.com. Other employees at your company can also register and create a password on this site.