

ANNUAL MEMBERSHIP APPLICATION

DATE _____

COMPANY INFORMATION

COMPANY NAME _____

PRIMARY CONTACT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTY _____

PHONE _____

FAX _____

EMAIL _____

NUMBER OF POWER UNITS _____

REFERRED FOR MEMBERSHIP BY _____

BILLING INFORMATION (IF DIFFERENT FROM ABOVE)

COMPANY NAME _____

CONTACT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTY _____

PHONE _____

FAX _____

EMAIL _____

Application continues on back.

ANNUAL MEMBERSHIP APPLICATION

TYPE OF CARRIER

- AUTO ALLIED INDUSTRY DUMP REFRIGERATED
 TANK HOUSEHOLD GOODS LTL PRIVATE
 OTHER _____

FOR-HIRE OR PRIVATE CARRIER

- \$500** Home office in Mississippi – Four or less trucks
_____ x \$20 per additional truck = \$ _____
- \$500** Non-domiciled carriers, terminal located in Mississippi –
Four or less trucks
_____ x \$20 per additional truck = \$ _____
- \$500** Non-domiciled carriers, no terminal located in Mississippi

ALLIED INDUSTRY

- \$600** Local, regional, state or national

TOTAL ANNUAL MEMBERSHIP DUES \$ _____

WORKERS' COMPENSATION AND OCC/ACC PROGRAM

- YES**, I am interested.
- NO**, I am not interested.

POLICY EXPIRATION DATE _____

Application is hereby submitted for membership in the Mississippi Trucking Association, Inc.

Please enclose your check with the application and mail to:

Mississippi Trucking Association, Inc.

825 North President Street, Jackson, MS 39202

