



2019 Allied Membership Application

Arizona Trucking Association has represented and provided services for the trucking and distribution industry, as well as its vendors and suppliers, since 1937. To help us 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 "N/A". Thank you!

Scope of Operation:	
<input type="checkbox"/> Arizona Only (\$661.25/yr)	<input type="checkbox"/> Regional/National (\$862.50/yr)

COMPANY INFORMATION		
Company Name:		How long in business? ____yrs.
Company Address:		Website:
City:	State:	Zip:
Company Owner or CEO Name: (If different from main contact)		Title:
Phone:	E-mail:	
MAIN CONTACT INFORMATION – THIS PERSON WILL BE LISTED IN THE ONLINE MEMBERSHIP DIRECTORY **		
Name:		Title:
Address: (If different than company address)	City:	State: Zip:
Phone:	E-mail:	
BILLING CONTACT (COMPLETE IF BILLING SHOULD GO TO PERSON OTHER THAN THE MAIN CONTACT)		
Name:		Title:
Address:	City:	State: Zip:
Phone:	E-mail:	
IF YOU LICENSE OR HELP CUSTOMERS LICENSE EQUIPMENT IN AZ, WHO IS THE LICENSING COORDINATOR		
Name:	Phone:	E-mail:
PERSON RESPONSIBLE FOR MARKETING		
Name:	Phone:	E-mail:
YOU MAY LIST ADDITIONAL EMPLOYEES FOR OUR DATABASE TO RECEIVE E-BULLETINS AND OTHER INDUSTRY INFORMATION. PLEASE SUPPLY ADDITIONAL NAMES ON A SEPARATE SHEET OF PAPER		

