



2019 Carrier Membership Application

Arizona Trucking Association has represented and provided services for the trucking and distribution industry 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!

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: _____.

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

Check if any apply to your company:

- Household Goods Carrier
- Specialized Carrier or Rigger
- Petroleum/Hazmat Carrier

COMPANY INFORMATION		
Company Name:		How long in business? ____yrs.
Company Address:		Website:
City:	State:	Zip:
Company Owner or CEO Name: <small>(If different from main contact)</small>		Title:
Phone:	E-mail:	
MAIN CONTACT INFORMATION – THIS PERSON WILL BE LISTED IN THE MEMBERSHIP DATABASE		
Name:		Title:
Address: <small>(If different than company address)</small>	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:	
PERSON RESPONSIBLE FOR SAFETY COMPLIANCE		
Name:	Phone:	E-mail:
PERSON RESPONSIBLE FOR VEHICLE LICENSING		
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		

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 or 4 digit secure code _____

Print Cardholder Name (as it appears on Card)

Cardholder's Billing Address City State Zip

Signature

E-Mail Receipt to: _____

2019 Carrier Dues Schedule			
Annual AZ Miles		Annual Dues	
0	-	500,000	\$632.50
500,001	-	1,000,000	\$822.25
1,000,001	-	2,000,000	\$1,201.75
2,000,001	-	3,000,000	\$1,581.25
3,000,001	-	4,000,000	\$1,960.75
4,000,001	-	5,000,000	\$2,340.25
5,000,001	-	6,000,000	\$3,036.00
6,000,001	-	7,000,000	\$3,921.50
7,000,001	-	8,000,000	\$4,554.00
8,000,001	-	9,000,000	\$5,313.00
9,000,001	-	10,000,000	\$6,008.75
10,000,001	-	11,000,000	\$6,831.00
11,000,001	-	12,000,000	\$7,590.00
12,000,001	-	13,000,000	\$8,349.00
13,000,001	-	14,000,000	\$9,171.25
14,000,001	-	15,000,000	\$9,867.00
15,000,001	-	16,000,000	\$10,626.00
16,000,001	-	17,000,000	\$11,385.00
17,000,001	-	18,000,000	\$12,144.00
18,000,001	-	19,000,000	\$12,650.00
19,000,001	-	over	\$13,685.00

* 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"/> Safety & Maintenance Council |
| <input type="checkbox"/> Safety Compliance Consultation | <input type="checkbox"/> Owner/Operator Insurance |
| <input type="checkbox"/> PrePass Truck Bypass System | <input type="checkbox"/> Fleet Safety Awards Program |
| <input type="checkbox"/> Discounted Drug & Alcohol Testing | <input type="checkbox"/> Annual Truck Driving Championship |
| <input type="checkbox"/> Discounted Background Screening | <input type="checkbox"/> Annual Leadership Conference |
| <input type="checkbox"/> Discounted Safety Supplies | <input type="checkbox"/> Arizona Transportation Education Foundation/Scholarships |

**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.**

How did you hear about ATA?

_____ From another Member _____ Website _____ Attended an ATA Seminar or Event

_____ Other _____ (Explain)

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 Karen Nesta at 602-850-6003 (knesta@aztrucking.com).