



Idaho Trucking Association Membership Application

Company Name: _____
 Mailing Address: _____
 Physical Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-mail: _____

Motor Carrier Membership

Owner-Operator (1 truck)	\$ 165
Minimum dues	\$ 440
400,000 – 500,000 Idaho miles	1.1 mill/mi.
+ 500,000 – 1,000,000 Idaho miles	0.9 mill/mi.
+ 1,000,000 – 3,000,000 Idaho miles	0.7 mill/mi.
+ 3,000,000 – 7,250,000 Idaho miles	0.5 mill/mi.
Maximum dues	\$4,200

Idaho miles:

Number of drivers based in Idaho: _____ Number of drivers with HazMat Endorsements: _____
 DOT number: _____

- ✓ Operate Longer Combination Vehicle's (LCV): Yes No
- ✓ Check one conference that most closely fits your company:
- Highway Carrier
 Resource Transporter
 Specialized Transport Services

Chief Officer of your Company:

Name: _____ Title: _____ E-mail: _____

Additional Key Management People:

Safety Supervisor(s): _____ E-mail: _____
 Name: _____ Title: _____ E-mail: _____

Terminal Managers and Locations:

Name: _____ Location: _____
 Name: _____ Location: _____

Supplier/Allied Membership

Local, National or Regional - \$375.00 per year. • Firms that operate seven or more trucks in Idaho at 26,001 GVW (gross vehicle weight) or higher shall join as a Carrier Member. • Membership subject to board approval.

Type of Product or Service: _____

Chief Executive Officer:

Name: _____ Title: _____ E-mail: _____

Additional Key Management People:

Name: _____ Title: _____ E-mail: _____
 Name: _____ Title: _____ E-mail: _____

I hereby apply for Membership in the **Idaho Trucking Association** and agree to abide by the Association by-laws.

Signature: _____ Printed Name: _____ Date: _____

- Our check for the first year's dues is enclosed; we also accept all credit cards over the phone with a 3% convenience fee.
- Our completed ACH application is enclosed; deduct my dues in two equal installments <semi-annually>.
- Our completed ACH application is enclosed; deduct my dues in four equal installments <quarterly>.
- Our completed ACH application is enclosed; deduct my dues in twelve equal installments <monthly>.

Mail to: 3405 E. Overland Road/Suite 175, Meridian, ID 83642 or Fax to: 208.343.8397 or
E-mail to: mistyl@idtrucking.org

- Yes, please e-mail me SMC Meeting Notices. Yes, please e-mail me Transport News – monthly newsletter.
- Yes, please send me Sponsorship Information. Yes, please sign me up advocacy updates.

*unless otherwise noted the checked items will go to the signer of application.