

Idaho Trucking Association Membership Application

Company Name: _____
Primary Contact: _____ E-mail: _____
Mailing Address: _____
Physical Address: _____
City: _____ State: _____ Zip: _____
Main Phone: _____ Website: _____

Motor Carrier Membership

Owner-Operator (0-3 Power Units)		\$178
4 + Power Units		
Mileage at <500,000	.001173 not less than	\$475
Mileage at 500,000	.001173	
Plus mileage at 2 nd 500,000	.000969	
Plus mileage for next 2,000,000	.000765	
Plus mileage > 3,000,000	.000561 not to exceed	\$4,845

Idaho miles:

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

- ✓ 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:

Name: _____ Title: _____ E-mail: _____

Additional Key Management People:

Name: _____ Title: _____ E-mail: _____

Name: _____ Title: _____ E-mail: _____

Terminal Managers and Locations:

Name: _____ Location: _____ E-mail: _____

Name: _____ Location: _____ E-mail: _____

Allied Membership

Local, National or Regional - \$405.00 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: _____ Legislative District: _____

Key management people:

Name: _____ Title: _____ E-mail: _____

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: _____

We will invoice you for the amount due; we accept all credit cards over the phone with a 3% convenience fee.

Mail completed application to: 3405 East Overland Road/Suite 175, Meridian, ID 83642 or

E-mail to: mistyl@idtrucking.org

- Yes, please e-mail me SMC meeting notices Yes, please e-mail me monthly newsletter
 Yes, please send me sponsorship information Yes, please sign me up advocacy updates

**unless otherwise noted the above checked items will be e-mailed to the signer of this application.*

I was referred to ITA by: _____ To find your legislative district: <https://legislature.idaho.gov/legislators/whosmylegislator/>