

Carrier Membership Form 2016-2017

<u>Carrier Membership:</u>							
# of Trucks	Applicable Dues		# of Trucks	Applicable Dues		# of Trucks	Applicable Dues
0 to 5	\$255		46 to 50	\$2,040		91 to 95	\$3,876
6 to 10	\$510		51 to 55	\$2,244		96 to 100	\$4,080
11 to 15	\$765		56 to 60	\$2,448		101 to 125	\$4,590
16 to 20	\$918		61 to 65	\$2,652		126 to 150	\$5,100
21 to 25	\$1,020		66 to 70	\$2,856		151 to 175	\$6,120
26 to 30	\$1,224		71 to 75	\$3,060		176 to 200	\$7,140
31 to 35	\$1,428		76 to 80	\$3,264		201 to 225	\$8,160
36 to 40	\$1,632		81 to 85	\$3,468		226 to 250	\$9,180
41 to 45	\$1,836		86 to 90	\$3,672		251 & up	\$12,240
<u>Owner Operator*:</u>	\$102		<i>* Individual who owns and operates a single truck</i>				
Dues Amount as Selected:							
HST @ 15% (#106736432):							
Total to Pay:							
New Membership:			Renewal of Membership:				

Company Name: _____

Address: _____

Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Primary Contact: _____ Job Title: _____

E-mail: _____ Direct or Cell Number: _____

Type of information you would like to receive: Fuel Notification Newsletter Events/Training/News

Type of Business: _____

Payment Information:

Visa: _____ MasterCard: _____ Amex: _____ Send Invoice (Renewing Member only): _____

Card Number: _____ Exp. Date: _____

Cardholder Name: _____

If you would like additional contacts added to our distribution list & website, please use the Additional Contacts Form or send us a separate list with this form. Thank you!

Other Information:

Primary Equipment: Vans: _____ Flatbeds: _____ Reefers: _____ Other: _____

Number of: Tractors: _____ Trailers: _____ Other: _____

Destination: Atlantic _____ Canada _____ U.S. _____ Triangle _____