



FTA Membership = Strength in Numbers!

Enrollment Form Rev 10-16

Company Name: _____ US DOT: _____

Billing Address: _____

City/State/Zip: _____

Primary Representative: _____

Job Title: _____

Mailing Address: _____

City/State/Zip: _____

Office Phone: _____ Mobile Phone: _____

Email: _____ Web: _____

Number of trucks dispatched in Florida (includes company-owned and dedicated contractors): _____

MEMBERSHIP CATEGORIES:

- Carrier Membership** \$595 annually + \$20 per truck (*maximum \$5,995 annually*) = \$ _____
 - Supplier Membership**..... \$595 annually + \$100 per additional location in directory = \$ _____
(Wholesaler, manufacturer, components, distributors, consultants, schools, dealers, agencies, truck stops)
- TOTAL = \$ _____

***An FTA staff member will call you to confirm receipt of your enrollment form and to answer any questions.**

Your company dues above entitle you to a total of five (5) individuals members (executive, safety, fleet maintenance, operations, etc.). We will contact you immediately to help identify your members and obtain their contact information.

Payment Information: Check enclosed (*payable to Florida Trucking Assoc.*) Visa MasterCard American Express

Credit card number: _____ Security Code: _____

Name as appears on card: _____ Expiration: _____

Statement Mailing address: _____

City/State/Zip: _____ Phone: _____

Email of person making payment (for receipt): _____

Signature: _____ Date: _____

Return Completed Application by Email to: Info@FLTrucking.org OR by Fax to: (850) 222-9363

Or by Mail to: Florida Trucking Association, 350 E. College Ave., Tallahassee, FL 32301