



Membership Application

Company Name _____

Primary Contact _____ Title _____

* Email _____ Cell _____

Street Address _____

City _____ State _____ Zip Code _____ - _____

P.O. Box _____ City _____ State _____ Zip code _____ - _____

Phone () _____ ext. _____ Fax () _____

Website _____

State Representative _____

State Senator _____

Additional Contacts:

Name _____ Title _____

* Email _____ Cell _____

Name _____ Title _____

* Email _____ Cell _____

Name _____ Title _____

* Email _____ Cell _____

Safety Director: _____

* Email _____ Cell _____

How Did You Hear About Kentucky Trucking Association?

___ Association Staff ___ KTA Member (Name) _____

___ Website ___ Publication (Name) _____

___ Worker's Comp Program ___ Affinity Program (Name) _____

___ Health Insurance Program

Other _____

Allied Member:

Financial Services Advertising/Publishing Legal Services Safety Services
 Engine Services Equipment Leasing Truck Repair Truck Stops
 Insurance Services Medical/Drug, & Alcohol Services/Testing Equipment Manufacturers
 Trailer Dealers/Manufacturers Truck Dealers/Manufacturers Tire

Dealers/Manufacturers Other: _____

Trucking Company Member: Private Carrier OR For – Hire OR Other _____

INTERstate OR INTRAstate **Number of Power Units** _____ **DOT #** _____

Commodity:

Agricultural Goods Building Materials Bulk Commodities Cement Hauler
 Food Forest Products General Freight Hazardous Materials
 Hazardous Waste Heavy Hauling/Machinery Household Goods Mobile Homes
 Motor Vehicles Paper Petroleum Products Refrigerated Liquids
 Refrigerated Solids Rock, Sand, Gravel, Soil Other _____

Equipment Used:

Autorack Beverage Cement Chassis Dump Flatbed Hopper
 Horse Van Lowboy Livestock Logging Open top Reefer Stepdeck
 Tank Van Other _____

Membership Categories:

Motor Carrier Membership: \$300 annually plus \$10 per truck (up to 150 trucks) = \$ _____

For carriers with more than 150 units, please call KTA at 502-227-0848 for a membership quote.

Allied Membership: \$500 (Dealerships, suppliers, manufacturers, consultants, agencies, etc.) = \$ _____

For Credit Card Payments:

Amex Visa MasterCard Payment Total \$ _____

Card Number: _____

Expiration Date: _____ Security Code: _____ Billing Zip _____

Billing Address: _____

City _____ State _____ Zip _____

Cardholder Name: _____

Cardholder Signature: _____

You may mail, fax or email your application to:

Kentucky Trucking Association • P.O. Box 818, Frankfort, KY 40601 • Phone 502.227.0848 Fax 502.227.0849