



MEMBERSHIP APPLICATION

Company Name _____

DBA _____

Representatives Name _____ **Title** _____

Email _____

Other Representative _____ **Title** _____

Email _____

Safety Director _____

Street Address _____ **City** _____

State _____ **Zip Code** _____ - _____

P.O. Box _____ **City** _____

State _____ **Zip code** _____ - _____

Phone () _____ **ext.** _____ **Fax** () _____

Website _____

State Representative _____

State Senator _____

How Did You Hear About KMTA?

____ Publications ____ Website ____ KMTA Staff

____ KMTA Member, if yes, Member's Name _____

____ Workers' Comp Program ____ Health Insurance Program

____ Other Affinity Programs Other _____

Allied Member:

Accountants Advertising/Publishing Attorneys Engines Equipment Leasing
 Equipment Manufacturers Financial Services Insurance Truckstops
 Medical/Drug & Alcohol Services Truck Repair Tire Dealers/Manufacturers
 Trailer Dealers/Manufacturers Truck Dealers/Manufacturers Other _____

Trucking Company Member:

Private Carrier For-Hire Intrastate Interstate Other _____

Number of Power Units _____

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 _____

Allied Membership

\$250

Trucking Membership

# of power units	Annual Dues
1 – 10	\$250
11 – 20	\$350
21 – 30	\$450
31 – 40	\$550
41 – 50	\$650
51 – 75	\$850
76 – 100	\$950
101 – 200	\$1,000
201 – 300	\$1,300
300 +	\$1,600