

## MEMBERSHIP REGISTRATION FOR NORTHAMERICAN TRANSPORTATION ASSOCIATION

In applying for membership with North American Transportation Association Inc. (NTA Inc.) for the procurement of any of the association's programs, I or We, are desirous of becoming a member of NTA and understand that the membership in NTA Inc. is limited to and made up entirely of separate transportation related companies consisting of at least one owner. NTA offers its members a free subscription to NTA's "High-Way Hi-Lites," an electronic weekly newsletter & "10-4 Magazine", a monthly electronic magazine.

**We understand and agree that we must have on file a current credit card and/or electronic check payment form (ACH) at all times.** We understand that some benefits or services are for MEMBERS ONLY. To help new member companies establish a credit line, we understand that all accounts are reported to our in-house credit bureau on a monthly basis.

THIS FORM MUST BE SIGNED by an authorized representative from each company and returned with the applicable fees to NTA Inc. before any services or benefits can be started. Please keep copies of this form for your record keeping as proof of your association membership with NTA Inc.

Please email all forms to: [INFO@NTASSOC.COM](mailto:INFO@NTASSOC.COM), or use our online form interface at [WWW.NTASSOC.COM/JOIN-THE-NTA](http://WWW.NTASSOC.COM/JOIN-THE-NTA)

PLEASE PRINT      Date \_\_\_\_\_      NTA ID # \_\_\_\_\_

Name of Company/Individual \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

City/State \_\_\_\_\_ Zipcode \_\_\_\_\_

US DOT# \_\_\_\_\_      #PIN # or SS# \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email address \_\_\_\_\_ Web site \_\_\_\_\_

Total number of employees you will enroll \_\_\_\_\_

Total number of Independent Contractors you have to enroll \_\_\_\_\_

By clicking this check-box you acknowledge by typing your name below you are legally signing this document.

### FOR OFFICE USE ONLY

DATE: \_\_\_\_\_ CHECK # \_\_\_\_\_ CASH \_\_\_\_\_  
HH \_\_\_\_\_ CM \_\_\_\_\_ QB \_\_\_\_\_  
AMT REC'D \_\_\_\_\_ RE: \_\_\_\_\_

Print Name

### **NTA Membership Dues Rate Schedule for Motor Carriers & Independent Contractors**

**Dues include a Free subscription to Hi-Way Hi-Lites (association electronic newsletter) and a Free subscription to 10-4 Magazine**

No of Drivers      Membership Fee Schedule for Motor Carriers is based on the number of drivers reported x 12 months

1	\$100.00 per year for each Independent Contractor.
	<b>Motor Carrier Schedule</b>
2 to 10	\$4.50 per driver x 12 months = Annual Fee
11 to 20	\$4.00 per driver x 12 months = Annual Fee
21 to 50	\$3.50 per driver x 12 months = Annual Fee
51 to 100	\$3.00 per driver x 12 months = Annual Fee
101 to 200	\$2.50 per driver x 12 months = Annual Fee
201 to 500	\$2.00 per driver x 12 months = Annual Fee
501 & Over	\$1.50 per driver x 12 months = Annual Fee
	<b><i>Must be secured by either a credit card or an electronic check payment authorization.</i></b>
	<b><i>Membership is Non-Refundable</i></b>

Initial Box to designate type of payment.  
ALL Payments must be made no later than the 16th of each month.

- ☐ Automatic ACH deduction.  
☐ Automatic Credit Card.  
☐ Will pay on-line as shown on Invoice.  
☐ Will pay by check.



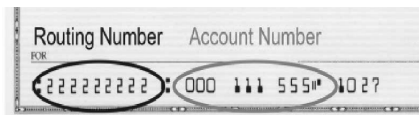
## Electronic Check/ Credit Card Authorization Form

Please complete the information in the box below to authorize an electronic check payment (ACH-debit).

Name on Check (Last, First): \_\_\_\_\_

Address: \_\_\_\_\_

Type of Account: ☐ Checking ☐ Savings



Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Amount Authorized: \_\_\_\_\_

Email Address for electronic receipt (optional): \_\_\_\_\_

By clicking this check-box you acknowledge by typing your name above you are legally signing this document:

Please complete the information in the box below to authorize a credit card transaction.

Card Holder Name: \_\_\_\_\_

Card Address: \_\_\_\_\_

Amount Authorized: \_\_\_\_\_

Card Type: ☐ Visa ☐ Master-card ☐ Discover-card Expiration Date: \_\_\_\_/\_\_\_\_

Card Number: \_\_\_\_\_ 3-digit security code: \_\_\_\_\_

E-mail Address for electronic receipt (optional): \_\_\_\_\_

By clicking this check-box you acknowledge by typing your name above you are legally signing this document: