

# Membership Application

## I. GENERAL INFORMATION

(Please print clearly, and provide the information exactly as you wish it to appear in our Membership Directory)

Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone1 \_\_\_\_\_

Phone2 \_\_\_\_\_

Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Website \_\_\_\_\_

## II. VEHICLE INFORMATION (Please list number of each type of vehicle in your fleet)

Sedans \_\_\_\_\_ Station Wagons \_\_\_\_\_ Hearses \_\_\_\_\_ 4-5 Passenger Limos \_\_\_\_\_

8-10 Passenger Limos \_\_\_\_\_ 6-8 Passenger Vans \_\_\_\_\_ 10-15 Passenger Vans \_\_\_\_\_ 16-29 Passenger Buses \_\_\_\_\_

29-53 Passenger Buses \_\_\_\_\_ Other \_\_\_\_\_

## III. PERMITS

The Interstate Commerce Commission & Department of Transportation require that authority be obtained for business conducted over state lines. Would you like to receive additional information about applying for this authority?  YES  NO

My company meets appropriate city/state license and insurance requirements:  YES  NO

My company possesses appropriate and required airport permits:  YES  NO

## IV. MEMBERSHIP SCHEDULE (Membership dues and contributions are tax deductible to the extent permitted by law.)

### Operator Members:

- 1-5 VEHICLES: ANNUAL DUES ARE \$100
- 6-10 VEHICLES, ANNUAL DUES ARE \$175
- 11-20 VEHICLES, ANNUAL DUES ARE \$225
- 21 OR MORE VEHICLES: \$275

**Affiliate Membership:** \$200

## V. BUSINESS CATEGORIES (Affiliates, please check the appropriate business type.)

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Vehicle Manufacturer   | <input type="checkbox"/> Advertising/Marketing | <input type="checkbox"/> Communications     | <input type="checkbox"/> Hotel/Resort      |
| <input type="checkbox"/> Coachbuilder           | <input type="checkbox"/> Uniforms              | <input type="checkbox"/> Trade Publications | <input type="checkbox"/> Insurance         |
| <input type="checkbox"/> Vehicle Dealership     | <input type="checkbox"/> Consulting            | <input type="checkbox"/> Legal              | <input type="checkbox"/> Computer/Software |
| <input type="checkbox"/> Vehicle Parts/Supplies | <input type="checkbox"/> Fuel/Fueling Systems  | <input type="checkbox"/> Other _____        |  |

*I hereby certify that the information contained in this application is true and accurate*

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

P.O. Box 44974 • Washington, DC 20026

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