



Owner Operator Affiliate Application

Affiliate Roster Listing

COMPANY NAME:			US DOT NO.:
PHYSICAL ADDRESS:			CA NO.:
CITY:	STATE:	ZIP:	MAIN PHONE NO.:
MAILING ADDRESS:			FAX NO.:
CITY:	STATE:	ZIP:	WEBSITE:
PRINCIPAL REP. MR./MS.:		TITLE:	EMAIL:

Primary Business Activity of Affiliate

- | | | |
|--|--|--|
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Hay Haulers | <input type="checkbox"/> Logistics Carrier (3PL) |
| <input type="checkbox"/> Automobile | <input type="checkbox"/> Hazardous/Placards | <input type="checkbox"/> Multistate |
| <input type="checkbox"/> Bulk (Liquid/Dry) | <input type="checkbox"/> Heavy-Duty Tow – North | <input type="checkbox"/> Petroleum Tank Truck |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Heavy-Duty Tow – South | <input type="checkbox"/> Private Fleet |
| <input type="checkbox"/> Couriers | <input type="checkbox"/> Heavy Specialized (Oversize/Overweight) | <input type="checkbox"/> Refrigerated |
| <input type="checkbox"/> Dump | <input type="checkbox"/> Household Moving Goods | <input type="checkbox"/> Waste Haulers |
| <input type="checkbox"/> Flatbed | <input type="checkbox"/> Intermodal – North | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Forest | <input type="checkbox"/> Intermodal – South | |
| <input type="checkbox"/> General Freight Less Than Truckload | <input type="checkbox"/> International Border Crossing | |
| <input type="checkbox"/> General Freight Truckload | <input type="checkbox"/> Livestock | |

Please check which products you would like more information on:

<input type="checkbox"/> INSURANCE PRODUCTS <input type="checkbox"/> RANDOM DRUG TESTING <input type="checkbox"/> BACKGROUND SCREENING <input type="checkbox"/> VEHICLE REGISTRATION <input type="checkbox"/> TIRE DISCOUNTS
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Method of Payment

PAYMENT METHOD: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express			ACCOUNT NUMBER:	
NAME THAT APPEARS ON CARD:			EXPIRATION DATE:	CCV:
BILLING ADDRESS FOR CARD:			BILLING PHONE NO.:	
CITY:	STATE:	ZIP:	BILLING FAX NO.:	
			ANNUAL ONE TIME PAYMENT	\$200/year

Affiliate Agreement

Any affiliate may withdraw from this association by giving sixty (60) days written notice of intent to do so and by making payments of all obligations due to the Association by the effective date of withdrawal.

AFFILIATE SIGNATURE:	DATE SIGNED:
HOW DID YOU HEAR ABOUT US: <input type="checkbox"/> Event <input type="checkbox"/> Website <input type="checkbox"/> Motor Carrier <input type="checkbox"/> Magazine Ad <input type="checkbox"/> Radio Ad <input type="checkbox"/> Other _____	

The affiliate fee is \$200/year. \$75 of the fee is allocated directly to CTA's AB 5 Litigation Fund.
 The affiliate fee will automatically renew at the end of the 12-month period, if not cancelled 30 days prior to renewal.
 With the CTA automatic affiliate renewal, your affiliation will always be current, so you'll continue to receive your benefits uninterrupted.

Mail, fax or email completed application to:
 California Trucking Association | 4148 East Commerce Way | Sacramento, CA 95834
 Phone 916.373.3500 | Fax 503.459.0543 | Email membership@caltrux.org