



Return completed application to:
Fax: (810) 229-5961
E-mail: gwen@ntda.org
Mail to: 9864 E. nd River Ave., Ste. 110-290
 Brighton, MI 48116

MEMBERSHIP APPLICATION

NATIONAL TRAILER DEALERS ASSOCIATION

COMPANY INFORMATION (PLEASE PRINT CLEARLY OR TYPE)

Today's Date:		Referred by current NTDA member (optional):	
Name:		Title:	
Company:		Toll-Free:	Phone:
Fax:		Co. E-mail: (such as info@ or sales@)	Web:
Address:			
City:	State:	ZIP Code/Postal Code:	

PREFERRED MAILING INFORMATION (THE DEFAULT MAILING ADDRESS TO WHICH NTDA-RELATED MAIL WILL BE DELIVERED)

Address:		
City:	State:	ZIP Code/Postal Code:

PREFERRED BILLING INFORMATION CHECK IF SAME AS ABOVE

Address:		
City:	State:	ZIP Code/Postal Code:

NTDA PRIMARY CONTACT INFORMATION (NOTE: THIS PERSON WILL BE LISTED IN THE NTDA DATABASE AS THE PRIMARY CONTACT FOR YOUR COMPANY. MEMBERSHIP-RELATED CORRESPONDENCE AND INQUIRIES WILL BE SENT TO HIS/HER ATTENTION.)

First Name:	Last Name:	Title:
Company:	Phone:	Fax:
Individual E-mail:		
City:	State:	ZIP Code/Postal Code:

MEMBERSHIP CATEGORY AND ANNUAL DUES

DEALER — Independent licensed dealers engaged in the business of buying and selling semi-trailers, or a representative appointed by such a dealer. Companies engaged principally in the business of purchasing semi-trailers, semi-trailer equipment, or component parts of such semi-trailers or equipment from manufacturers for resale to users and other dealers. Dealer Members with no branch locations will pay **\$599** annually. Dealer Members with one to four branch locations will pay **\$699** annually, and Dealer Members with five or more branch locations will pay **\$799** annually.

DEALER BRANCH(ES) — A branch office/location of an NTDA Dealer Member. **Included with Dealer Membership.** (Note: headquarters office must maintain active membership status.) Include Dealer Branch information on next page.

ALLIED — Companies engaged primarily in the manufacture of semi-trailers and/or semi-trailer parts and accessories, and others that are not dealers or manufacturers but are affiliated with the semi-trailer industry and support the objectives of the Association. **\$899** annually.

PAYMENT INFORMATION

Amount \$ _____ (USD) <input type="checkbox"/> Check enclosed (<i>payable to NTDA</i>) Charge: <input type="checkbox"/> AmEx <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <i>Thank you!</i>	Credit Card Acct. # _____ Expiration Date: _____ CIV/Security Code # _____ Name on Card _____ Signature _____
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 Brighton, MI 48116

MEMBERSHIP APPLICATION

NATIONAL TRAILER DEALERS ASSOCIATION

BRANCH LOCATION INFORMATION (PLEASE PRINT CLEARLY OR TYPE)

Branch Contact:		Title:	E-mail:
Branch Name:	Toll-Free:		Phone:
Fax:	Co. E-mail: (such as info@ or sales@)		Web:
Address:			
City:	State:	ZIP Code/Postal Code:	
Branch Contact:	Title:	E-mail:	
Branch Name:	Toll-Free:	Phone:	
Fax:	Co. E-mail:	Web:	
Address:			
City:	State:	ZIP Code/Postal Code:	
Branch Contact:	Title:	E-mail:	
Branch Name:	Toll-Free:	Phone:	
Fax:	Co. E-mail:	Web:	
Address:			
City:	State:	ZIP Code/Postal Code:	
Branch Contact:	Title:	E-mail:	
Branch Name:	Toll-Free:	Phone:	
Fax:	Co. E-mail:	Web:	
Address:			
City:	State:	ZIP Code/Postal Code:	
Branch Contact:	Title:	E-mail:	
Branch Name:	Toll-Free:	Phone:	
Fax:	Co. E-mail:	Web:	
Address:			
City:	State:	ZIP Code/Postal Code:	
Branch Contact:	Title:	E-mail:	
Branch Name:	Toll-Free:	Phone:	
Fax:	Co. E-mail:	Web:	
Address:			
City:	State:	ZIP Code/Postal Code:	