



# UTAH TRUCKING ASSOCIATION

## ALLIED/SUPPLIER MEMBERSHIP APPLICATION\*

3060 WEST CALIFORNIA AVE. SUITE A SALT LAKE CITY, UTAH 84104  
(801) 973-9370 FAX (801) 973-8515

DATE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ DBA (IF APPLICABLE) \_\_\_\_\_

KEY CONTACT NAME \_\_\_\_\_ TITLE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ PHYSICAL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WEB ADDRESS \_\_\_\_\_ E-MAIL \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ 800 # \_\_\_\_\_

SALES/MARKETING MANAGER NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

OFFICE MANAGER NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

◆ KEY CONTACT WILL RECEIVE ALL INVOICING, UNLESS OTHERWISE SPECIFIED. ◆ KEY CONTACT & SALES MANAGER WILL RECEIVE ALL PUBLICATION, MAILINGS, FAXES, EMAILS AND WILL AUTOMATICALLY BE LISTED IN THE UTA MEMBERSHIP LIST.

AUTHORIZED BY \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**\*\* Upon signing this application, this gives Utah Trucking Association the expressed permission to fax and/or email information to key contacts in your company, as per the Telephone Consumer Protection Act \*\***

### ANNUAL DUES INVESTMENT SCHEDULE

ALLIED MEMBER DUES (50 OR LESS UTAH EMPLOYEES): \$300

ALLIED MEMBER DUES (50 OR MORE UTAH EMPLOYEES): \$500

OUT OF STATE COMPANIES DUES: \$ 300

\* Subject to review and approval by UTA Board of Directors

-----

### PAYMENT OPTIONS:

\_\_\_ CHECK ENCLOSED (PAYABLE TO - UTAH TRUCKING ASSOCIATION)

VISA       MASTERCARD       AMERICAN EXPRESS \_\_\_\_\_

EXPIRATION \_\_\_\_\_ AUTHORIZED BY \_\_\_\_\_