



UTAH TRUCKING ASSOCIATION

ALLIED/SUPPLIER MEMBERSHIP APPLICATION*

4181 W. 2100 S., WEST VALLEY, UT 84120
(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 to 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 _____