



Utah Trucking Association

CARRIER MEMBERSHIP APPLICATION*

4181 W. 2100 S. West Valley, Utah 84120
Ph: (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 # _____

Safety Supervisor Name: _____

Address (if different than company) _____

Phone _____ Fax _____ E-mail _____

◆ Key contact will receive all invoicing unless otherwise specified. ◆ Key contact & Safety Supervisor will receive all publications, mailings, faxes, emails and will automatically be listed in UTA membership list.

Number of Tractor/ Power Units _____

Type of Carrier (Check One)

- | | | | |
|--|--------------------------------------|---|-------------|
| <input type="checkbox"/> Carrier, Trucking Company | <input type="checkbox"/> Live Stock | <input type="checkbox"/> Ready Mix & Dump | Other _____ |
| <input type="checkbox"/> City/County | <input type="checkbox"/> Tanker | <input type="checkbox"/> Private (retail) Company | |
| <input type="checkbox"/> Interstate Carriers | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Household Goods | |

Authorized By _____ Title _____

Signature _____ E-mail _____

**** 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 ****

* Subject to review and approval by UTA Board of Directors

PAYMENT OPTIONS:

___ CHECK ENCLOSED (PAYABLE TO - UTAH TRUCKING ASSOCIATION)

- VISA Discover Card MASTERCARD AMERICAN EXPRESS

Card Number _____ Exp Date _____ Sec Code _____