



RHODE ISLAND TRUCKING ASSOCIATION, INC. (RITA)

MEMBERSHIP APPLICATION

The undersigned hereby makes application for membership in the Rhode Island Trucking Association, Inc. and encloses herewith the amount of \$_____ in payment of one year's membership dues as per the condition of membership stipulated in the Constitution and By-Laws.

Date: _____

Company Name: _____

Representative: _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone: _____ Fax: _____

E-Mail Address: _____

Membership Options

CARRIERS

ASSOCIATES

- CARRIER MINIMUM - \$350.00
- MID LEVEL I CARRIER - \$450.00
- MID LEVEL II CARRIER - \$675.00
- MAX LEVEL CARRIER - \$1,450.00
- ASSOCIATE MINIMUM - \$350.00
- MID LEVEL ASSOCIATE - \$450.00
- MAX LEVEL ASSOCIATE - \$575.00

PLEASE MAKE CHECKS PAYABLE TO RITA AND MAIL TO:
660 ROOSEVELT AVENUE PAWTUCKET, RI 02860

CREDIT CARD PAYMENTS: *AMEX* *VISA* *MASTERCARD*

CREDIT CARD #: _____

EXPIRATION: _____ SEC. CODE: _____

Applications can be submitted by email to: chris@ritrucking.org

Please visit our website: www.ritrucking.org