



# Rhode Island Trucking Association (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 years 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 Levels

<u>Carriers</u>	<u>Associates</u>
<input type="radio"/> CARRIER MINIMUM - \$350.00	<input type="radio"/> ASSOCIATE MINIMUM - \$350.00
<input type="radio"/> MID LEVEL I CARRIER - \$450.00	<input type="radio"/> MID LEVEL ASSOCIATE - \$450.00
<input type="radio"/> MID LEVEL II CARRIER - \$675.00	<input type="radio"/> MAX LEVEL ASSOCIATE - \$575.00
<input type="radio"/> MAX LEVEL CARRIER - \$1,450.00	

Application with check can be mailed or brought to the address below.

*Application via CC can be e-mailed to: [chris@ritrucking.org](mailto:chris@ritrucking.org)*

CREDIT CARD #: \_\_\_\_\_

EXPIRATION: \_\_\_\_\_ SEC. CODE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Rhode Island Trucking Association 401-729-6600

660 Roosevelt Avenue Pawtucket, RI 02860