



ALLIED Membership Application

DATE _____

Section A General Information

Name of Firm _____ dba(if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Web Address _____ Email _____ Birthday _____

Phone _____ Fax _____ 800# _____

Application submitted by _____ Title _____

* The key contact will receive all invoicing, unless otherwise specified under Method of Payment Section.

* The key contact will receive all IMTA mailings, including our newsletter **Truck Talk Weekly** and yearly publications the **Yearbook and Membership Directory & Resource Guide**.

* The key contact will automatically be listed in our annual **Membership Directory & Resource Guide** under the people section.

Key Contact Name _____ Title _____

Address _____

Phone _____ Email _____ Birthday _____

If you would like to add other contacts from your company to our publication mailing list for **Truck Talk Weekly, Yearbook and Membership Directory & Resource Guide**, please list them below.

1. Name _____ Title _____

Address (if different than company) _____

Phone _____ Email _____ Birthday _____

2. Name _____ Title _____

Address (if different than company) _____

Phone _____ Email _____ Birthday _____

3. Name _____ Title _____

Address (if different than company) _____

Phone _____ Fax _____ Email _____

Section B Goods or Services

Allied membership indicates that your company provides goods or services to the motor carrier industry. Your company will receive a complimentary listing in our annual membership directory the **Indiana Truck Book** based on the information you supply. Please mark your type of service or classification from the list provided.

Accident Repair	Fleet Management	Trailers - Sales & Service
Accountants	Fuel Lubricants	Truck & Trailer Leasing
Advertising	GPS Security	Truck & Trailer Repair
Alternative Fuels	Hazardous Waste	Truck & Trailer Sales
Associations	Industrial Supplies	Truck Stops
Attorneys	Insurance	Trucks - Leasing
Auctioneers	Legal Services	Trucks - Manufacturing
Banking & Finance	Manufacturers	Trucks - Sales & Service
Battery	Mechanical Repair	Warehousing
Bio Diesel	Media	Web-Based Training
Banking & Finance	Medical Services & Clinics	Other _____
Caterers	Natural Gas	
CDL Testing	Natural Gas Fuel Facilities	
Communications	Navigation	
Computer Service & Systems	Pallet Suppliers	
Consultants	Parts & Service	
Contractors	Printing Services	
Diesel Engines	Power Management Solutions	
Distribution	Promotional Products	
Driver Leasing	Real Estate	
Driver Recognition	Safety Services	
Driver Screening	Schools	
Driver Staffing	Sign/Decals/Graphics	
Driver Training	Sleep Apnea Specialists	
Drug & Alcohol Testing	Staffing Services	
Education & Training	Telephone Services	
Emergency Spill Response	Tire Sales & Service	
Environmental Services	Trailers - Leasing	
Equipment Leasing	Trailers - Manufacturers	

Does your firm operate any trucks & how many? _____ How many employees do you have? _____

Section C Explanation of Allied Dues Annual \$695

Method of Payment: Check # _____ Visa Mastercard American Express

CC# _____ Exp. date ____/____/____ CC Verification Code: _____

Billing Zip Code for this card _____ Signature _____

Dues payments are normally deductible as a business expense, but not as a charitable contribution. Payment of your IMTA Membership dues automatically makes you a member of your regional chapter. The Chapters promote grassroots activities, hold informative seminars throughout the year and serve as forums for discussing local concerns.

Please send future membership invoices to:

Name _____ Title _____

Address _____

Phone _____ Fax _____ Email _____