

Associate Trade Membership Application Form

Associate Trade members may join the Alberta Motor Transport Association and receive your membership certificate by completing this form and returning it with your payment to our office.

(Please PRINT clearly)

Contact Name:			
Position:			
Company Name:			
Mailing Address:			
City:		Province:	Postal Code:
Phone:	Ext.:	Fax:	1800:
Email:		Website:	

Other branches you would like to have recognized and to which you would like correspondence sent:

Contact Name:			
Position:			
Company Name:			
Mailing Address:			
City:		Province:	Postal Code:
Phone:	Ext.:	Fax:	1800:
Email:		Website:	

Which category best describes your business – special interest information may be directed to you:

- | | |
|---|--|
| <input type="checkbox"/> Accessories | <input type="checkbox"/> Printers |
| <input type="checkbox"/> Banks & Financial Institutions | <input type="checkbox"/> Refrigeration Units |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Registries & Licensing |
| <input type="checkbox"/> Components | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Tires & Wheels |
| <input type="checkbox"/> Consultants, Management Services | <input type="checkbox"/> Tractors & Truck Centers |
| <input type="checkbox"/> Diesel Engines | <input type="checkbox"/> Trailer Manufacturers |
| <input type="checkbox"/> Fuel & Lubricants | <input type="checkbox"/> Truck Sales and Rentals |
| <input type="checkbox"/> Hotels | <input type="checkbox"/> Truck Repair |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Towing (cars, pick-up trucks, etc.) |
| <input type="checkbox"/> Lawyers | <input type="checkbox"/> Other _____ |

Associate Trade Membership Fee

<input type="checkbox"/> \$475.00 per company	Dues Enclosed _____
<input type="checkbox"/> \$250.00 for companies with 2 employees or less <i>(GST #R106694581)</i>	GST = _____
	Total = _____

Method of Payment

<input type="checkbox"/> Visa/Mastercard	Card Number: _____	Expiry Date: _____
Signature: _____		
<input type="checkbox"/> Cheque Enclosed	<input type="checkbox"/> Please Invoice	

Applicant's Signature

Date

APPLY ONLINE! Our website is: www.amta.ca

Please send completed form by:

Fax: (403) 243-4610

Email: peter1@amta.ca

Or by mail to:

Alberta Motor Transport Association

3660 Blackfoot Trail S.E. Calgary, Alberta T2G 4E6