



## ACCOUNTING & FINANCE COUNCIL

### 2017 MEMBER APPLICATION

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**Annual Dues**  
**\$100 per member company**  
**covers unlimited**  
**representatives**

**Please Return to:**  
**Arkansas Trucking Association**  
**PO Box 3476**  
**Little Rock, AR 72203**

**For more information, contact**  
**Katie Thomason**  
**Phone: (501) 372-3462**  
**katiethomason@arkansastrucking.com**  
**www.arkansastrucking.com**

The Accounting & Finance Council (AFC) is an exclusive membership benefit of the Arkansas Trucking Association. The AFC serves the interests of its individual members, especially in the areas of accounting and financial management.

The purpose of the Council is to promote cooperative efforts among member companies of the ATA to increase education and research of taxation, finance, accounting, collection, risk management and insurance issues impacting the trucking industry. This is brought to you through the following:

- ◆ Regular meetings for discussion
- ◆ Interchanging ideas and information
- ◆ Council research
- ◆ Development of educational materials
- ◆ Promoting growth and participation in the Council

Only employees of Arkansas Trucking Association member companies are eligible for AFC membership. If you're a motor carrier, manufacturer, or industry service provider, you will find that the Accounting & Finance Council is a valuable organization you'll want to join.

**Corporate membership in the Arkansas Trucking Association is required for companies joining the Accounting & Finance Council.**

**JOIN TODAY**



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**2017 MEMBER APPLICATION**

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Primary Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Other Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Other Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Other Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Was an ATA member helpful in encouraging you to join? If so, please tell us so we can properly thank him/her.

Person's Name \_\_\_\_\_ Company \_\_\_\_\_

Please indicate your payment choice:

- Check enclosed, made payable to "Arkansas Trucking Association"
- Please, bill me

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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