



## SAFETY MANAGEMENT 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**  
**David O'Neal**  
**Phone: (501) 372-3462**  
**davidoneal@arkansastrucking.com**

The ATA Safety Management Council (SMC) is an exclusive membership benefit of the Arkansas Trucking Association. The SMC provides a forum for employees of corporate members. The purpose of the SMC is to promote cooperative efforts for increased safety, efficiency and economy in all phases of highway transportation by commercial vehicles.

The SMC focuses on the following to achieve its purpose:

- ◆ Guest speakers on topics relating to regulation compliance and safety technologies
- ◆ Interchanging ideas and information
- ◆ Discussion of implementation strategies
- ◆ Fleet safety contests
- ◆ Meetings and numerous safety seminars throughout the year
- ◆ Coordination of and option to compete in the annual Arkansas Truck Driving Championship

The Safety Management Council is a valuable organization for motor carriers, industry safety specialists and service providers.

**Corporate membership in the Arkansas Trucking Association is required for companies joining the Safety Management Council.**

**PROMOTING COOPERATIVE EFFORTS FOR  
INCREASED SAFETY, EFFICIENCY AND ECONOMY  
IN ALL PHASES OF HIGHWAY TRANSPORTATION  
BY COMMERCIAL VEHICLES.**

**JOIN TODAY**



SAFETY MANAGEMENT COUNCIL

2017 MEMBER APPLICATION

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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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Little Rock, AR 72203  
katiethomason@arkansastrucking.com

**JOIN TODAY!**