

CARRIER MEMBER APPLICATION

The Arkansas Trucking Association is owned by trucking companies and private carrier fleets, from one-truck operations to some of the nation's largest. They understand that the importance of working together to build a pro-business, pro-trucking climate in which to operate. Our mission is simple:

Protect the collective interests of trucking companies in the political and regulatory arenas.

Promote the dynamics of trucking so that people have a better understanding of the link between America's primary freight delivery system and the standard of living they enjoy.

Serve our members to help them to grow their business and their profits.

DUES STRUCTURE

Your membership dues are based on your carrier registration profile found at <http://safer.fmcsa.dot.gov/companysnapshot.aspx>

PRINCIPAL PLACE OF BUSINESS: IN ARKANSAS

# OF TRUCKS	DUES AMOUNT
1 to 9	\$275
10 to 17	\$550
18 or more	\$32 per truck

PRINCIPAL PLACE OF BUSINESS: OUT OF STATE

ANNUAL MILEAGE IN ARKANSAS	DUES AMOUNT
1 mile to 1 million miles	\$300
Each additional 1 million miles	add \$300

MAXIMUM DUES \$5,000

ARKANSAS TRUCKING ASSOCIATION MEMBER COUNCILS

Membership includes notifications and event invitations for three exclusive councils that cover all areas of the industry.

The purpose of the Safety Management Council 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 safety and compliance topics
- Interchanging ideas and information
- Discussion of implementation strategies
- Fleet safety contests
- Coordination of the annual Arkansas Truck Driving Championship

The purpose of the Maintenance & Technology Council is to impact corporate efficiencies by utilizing new technologies and equipment operations. MTC provides a forum for discussion related to maintenance and technology management. The MTC focuses on the following to achieve its purpose:

- Speakers on product comparisons and/or new technologies
- Interchanging ideas and information
- Discussion of implementation strategies
- Recommended vehicle specifications
- Preventive maintenance guidelines
- Fuel economy guidelines
- Vehicle maintenance standards for maintenance cost reporting
- Technician Training
- Coordination of the annual Arkansas Technician Championship

The purpose of the AFC 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. The AFC focuses on the following to achieve its purpose:

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

CARRIER MEMBER APPLICATION

Company: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____

DOT #: _____ MC #: _____

Company Website: _____

Primary Contact/Title: _____

E-mail: _____

PRINCIPAL PLACE OF BUSINESS: IN ARKANSAS

Fore Hire Carrier Private Carrier

PRINCIPAL PLACE OF BUSINESS: OUT OF STATE

For Hire Carrier Private Carrier

Number of trucks _____ Annual Mileage in Ark. _____

Dues: \$ _____ (Please use dues schedule on reverse)

Membership includes notifications for three exclusive councils that cover all areas of the industry. Please choose one primary safety contact, maintenance contact, and accounting contact to receive updates and invitations to council meetings and events.

SMC Contact/Title: _____

E-mail: _____

MTC Contact/Title: _____

E-mail: _____

AFC Contact/Title: _____

E-mail: _____

Did an ATA member encourage you to join? If so, please tell us so we can properly thank him/her.

Person's Name _____ ATA Member Company _____

Please indicate your payment choice.

Check enclosed, made payable: Arkansas Trucking Association Please bill me

After initial annual payment, please bill me:

Quarterly Bi-annually Annually

Signature: _____ Date: _____

For more information, contact

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Please Return to

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