

**Colorado Council of Safety Supervisors
of the
Colorado Motor Carriers Association**

Application for Membership

The undersigned hereby makes application for membership in the Colorado Council of Safety Supervisors, an affiliate of the Colorado Motor Carriers Association and agrees to the following:

- (1) To comply with the by-laws of the Association and the by-laws of the Colorado Council of Safety Supervisors and to cooperate in the promotion of its activities.*
- (2) To pay dues of \$50.00 per year, billed annually.*

It is understood that this application is limited to the named company and does not apply to any affiliate or subsidiary of the applicant. However, any number of persons of the named company are included in the application upon acceptance by the Council.



Company Name: _____

Address: _____

City: _____ *State:* _____ *Zip:* _____

Telephone: _____ *Fax:* _____

E-Mail Address: _____

Contact Person: _____

Title: _____

Signature _____ * *Date* _____

**Note: By signing this application, you are authorizing CMCA to send you faxes and/or e-mails.*

**Colorado Motor Carriers Association
4060 Elati Street
Denver, Colorado 80216
Telephone (303) 433-3375
Fax (303) 477-6977**