



Membership Application

In consideration of the services offered by the Colorado Motor Carriers Association, the undersigned hereby submits application for membership in the Association and the Conference or Conferences listed below:

Company Name: _____ Website: _____

Directory Listing/Contact Person 1: _____

Title: _____ E-Mail: _____

Directory Listing/Contact Person 2: _____

Title: _____ E-Mail: _____

Mailing Address: _____

Physical Address: _____ City State Zip

Telephone: _____ FAX: _____ City State Zip

The nature of your business: _____ Annual Colorado Miles: _____

Referred by: _____

Please Check One of the Categories Below / All Dues are Annual

- Truckload
- Less Than Truckload
- Specialized Carrier
- Tank/Bulk
- Private Carriers
- Household Movers
- Allied Company
- Truckstop
- Government Agency

CMCA Additional Councils

Councils help members keep pace with industry specific needs. Additional dues will apply.

- Maintenance Council
- Safety Management Council

CC# _____ exp. Date _____ CVS# _____

*Signature: _____ Date: _____

* Note: By signing this application, you are authorizing CMCA to send you faxes and e-mails. The undersigned agrees to pay the appropriate dues as determined from the dues schedule set by the CMCA Board of Directors.

- Please note that CMCA dues are a business tax deduction
- CMCA membership is not conditioned on the health status of any individual, including and employee of an employer or a dependent of an employee. Health insurance offered through CMCA is available to all members regardless of any health-status related factor. The CMCA health plan is only available to CMCA members.

Make checks payable to: Colorado Motor Carriers Association or CMCA
4060 Elati St. Denver, CO 80216

Visit us online: www.cmca.com
Phone: 303-433-3375 Fax: 303-477-6977