



Rhode Island Trucking Association, Inc.

APPLICATION FOR MEMBERSHIP

Carriers

- Carrier Minimum - \$315.00
- Mid Level I Carrier - \$450.00
- Mid Level II Carrier - \$675.00
- Max Level Carrier - \$1450.00

Associates

- Associate Minimum - \$315.00
- Mid Level Associate - \$450.00
- Max Level Associate - \$575.00

Date: _____

The undersigned hereby makes application for membership in the Rhode Island Trucking Association, Inc. and enclose herewith the amount of \$_____ in payment of one years membership dues as per the condition of membership stipulated in the Constitution and By-Laws.

Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Representative: _____

Telephone #: _____ Fax: _____

E-Mail: _____

Credit Card #: _____

Exp. Date: _____ CVV Code: _____

Make Checks Payable To: Rhode Island Trucking Association, Inc. .
and mail to:

660 Roosevelt Avenue
Pawtucket, RI 02860

www.ritrucking.org

Telephone # (401) 729-6600

Fax # (401) 729-5220