

CARRIER

Membership Application



COMPANY INFORMATION

Company Name

Physical Address

City State Zip

Billing Address *(if different from above)*

City State Zip

Phone Fax

USDOT#: Website URL

How did you learn about LMCA

Main reason for joining

Private Carrier For-Hire Carrier Total Number of Drivers

SERVICE AREA *(check all that apply)*

Texas only Continental US US including Alaska & Hawaii
Canada Mexico International

Trailer Type *(check all that apply)*

Dry Van Hopper Refrigerated
End Dump Intermodal Tank
Flatbed Lowboy/Specialized

COMMODITIES HAULED *(Please check all that apply)* Standard Transportation Commodity Codes (STCC)

01 Live animals/fish	15 Coal	29 Printed products
02 Cereal grains	16 Crude Petroleum	30 Textiles/leather
03 Other agricultural products	17 Gasoline	31 Nonmetal mineral products
04 Animal feed	18 Fuel oils	32 Base metals
05 Meat/seafood	19 Natural gas and petroleum products	33 Articles-base metal
06 Milled grain products	20 Basic chemicals	34 Machinery
07 Other foodstuffs	21 Pharmaceuticals	35 Electronics
08 Alcoholic beverages	22 Fertilizers	36 Motorized vehicles
09 Building stone	23 Chemical products	37 Transport equipment
10 Tobacco products	24 Plastics/rubber	38 Precision instruments
11 Natural sands	25 Logs	39 Furniture
12 Gravel	26 Wood products	40 Misc. manufacturing products
13 Nonmetallic minerals	27 Newsprint/paper	41 Waste/scrap
14 Metallic ores	28 Paper articles	42 Mixed Freight

Continued on back

Primary Contact:

Name: _____ Title: _____
E-mail: _____

Additional Contacts:

Name: _____ Title: _____
E-mail: _____

Name: _____ Title: _____
E-mail: _____

MEMBERSHIP DUES

Membership dues are based on truck count. Minimum dues are \$350 | Maximum dues are \$3,000. Using the formulas below, please calculate your annual dues.

☐ **\$350 – Minimum Dues | Max dues are \$3,000 | Total #Trucks: 1-17 List actual number here: _____**

☐ If you have terminals, offices or operations within Texas, please calculate dues with the following formula.
This will be your annual dues amount.

Total #Trucks Registered to TxDMV/UCR _____ x \$20 per truck = \$ _____

☐ If you have NO terminals, offices or operations in Texas, please calculate dues with the following formula.
This will be your annual dues amount.

Total #Trucks (Texas *and* other states) _____
1-100 Trucks.....\$350 101-300 Trucks.....\$700 301+ Trucks.....\$1,000 **\$ _____**

I agree that 10% of my membership dues be given towards LMCA Truck PAC. Please note that Truck PAC donation must be made with a personal check. LMCA TRUCK PAC funds are used to strengthen our legislative advocacy efforts and help improve a positive image in the trucking industry.

+ \$95 Initiation Fee

Bill Dues: Annually

TOTAL AMOUNT DUE: \$ _____

VERIFICATION

The aforementioned company hereby agrees to pay the above designated billing for membership dues. Membership may only be cancelled if the company provides LMCA written notification at least 30 days prior to cancellation. Dues paid are non-refundable.

Name on Card: _____ Date: _____

CC#: _____ Exp. (mm/yy): _____ Security Code: _____

Signature of Primary Contact: _____ Zip Code: _____

A 3.7% processing fee will be applied to each transaction.

DOWNLOAD THE FORM TO YOUR COMPUTER BEFORE FILLING OUT!