

CCMTA ASSOCIATE MEMBERSHIP APPLICATION

Please complete all sections of the application form. Your application will not be processed until all information requested has been reviewed and the appropriate payment has been received.

CCMTA will accept applications for associate membership at any time during the year; however, applications are reviewed by the Board of Directors for approval status only two (2) times a year.

We wish to apply for Associate Membership with CCMTA at the annual rate shown below.

- Associate Membership* - \$425 (2010 Rate)**
- CCMTA News and mailing list only - Free**

**Annual Membership runs from January to December. For payment after July 1st, please pay 50% of fee. Please add taxes to membership fee. NS residents pay 15% HST. NL, NB and ON residents pay 13% HST. BC residents pay 12% HST. All other provinces and territories pay 5% GST. Membership fee quoted in Canadian funds. (GST/HST registration No. 122329659RT) CCMTA Associate Membership fees are tax deductible.*

Applications in a Pending Status. While your application is in a pending status, CCMTA will offer your organization associate member rates for products and services.

Disapproved Applications. CCMTA reserves the right to refuse an application or revoke the membership of an associate member at any time. If an application is NOT approved, you will receive a full refund.

MEMBERSHIP INFORMATION

Company/Organization: _____

Representative Name & Title: _____

Mailing Address: _____

Tel: _____ Fax: _____

Email: _____ Web Site: _____

**CCMTA provides all documents to members electronically.*

Organization Mission. Describe your organization's mission or purpose:

Please provide a description of your organization's products and/or services and how they benefit CCMTA members and road safety in Canada.

Within the past 5 years, has any administrative or judicial body made a finding or issued an order against your organization that pertains to conduct that has relevance to the ongoing activities or mission of CCMTA?

_____ Yes _____ No

If yes, please explain:

Eligibility Certification (please initial to the left of each statement)

_____ Our organization has read and is supportive of CCMTA's Vision and Mission Statements

_____ Our organization engages in activities and has an interest in:

- _____ the transportation of passengers and goods
- _____ the licensing of drivers and vehicles
- _____ the registration, licensing and mechanical fitness of motor vehicles
- _____ highway safety practices and procedures, programs and research
- _____ enforcement of motor vehicle acts and regulations and motor carrier regulations

_____ Our organization agrees not to use its affiliation with CCMTA nor any logo, symbol or other identifying characteristics in conjunction with any advertising or promotion for any product without the specific written approval of CCMTA.

_____ Our organization agrees to inform CCMTA of any major changes arising in its mission, and/or activities purpose that could have an impact on its participation as an associate member of CCMTA.

I certify that our organization meets the eligibility certification requirements listed above.

Name : _____ Date: _____

METHOD OF PAYMENT

Membership Fees: _____ Tax: _____ Total: _____

- Cheque attached
- Invoice
- Visa
- MasterCard
- American Express

Credit Card No: _____ Expiry Date: _____

Name on Card: _____ Date: _____

Signature: _____

Please mail or fax membership form to:

Canadian Council of Motor Transport Administrators (CCMTA)
2323 St. Laurent Blvd., Ottawa, Ontario K1G 4J8
Tel: (613) 736-1003 | Fax: (613) 736-1395
ccmta-secretariat@ccmta.ca | www.ccmta.ca