



Florida Trucking Association, Inc.
Safety Management Council
MEMBERSHIP APPLICATION

Name: _____
 Title: _____
 Company Name: _____
 E-Mail Address: _____ Phone: _____
 City, State & Zip: _____
 Recommended by: _____

Annual Safety Management Council Membership Fee

- **\$125.00 First Member Company Representative**
- **\$ 75.00 Subsequent Representatives (Each)**

_____ I want to pay membership fee by check (check enclosed)
 _____ I want to charge membership fee by credit card

(Please check appropriate line below and provide all information requested.)

_____ Visa _____ MasterCard _____ Am/Ex

Card #: _____ Expiration Date: _____

Name on Card: _____ Security Code: _____

Card Billing Address (Street Address): _____

City: _____ State: _____ Zip: _____

Please return completed application to:

Florida Trucking Association, Inc.
 Safety Management Council
 350 East College Avenue
 Tallahassee, FL 32301-1565
 Phone: 850-222-9900
 Fax: 850-222-9363

***In safety there are no competitors—
 We are all in this together!***