



Hamilton ATSSA Branch

Membership Application 2012



MEMBERSHIP CONTACTS

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Annual Membership Term January 1st to December 31st. Dues paid before January 1st.

APPLICANTS NAME: _____
LAST FIRST MIDDLE

COMPANY NAME: _____

POSITION / TITLE: _____

COMPANY STREET: _____

COMPANY CITY: _____ PROVINCE: _____ POSTAL CODE: _____

COMPANY PHONE: _____ FAX: _____ CELL PHONE: _____

COMPANY WEBSITE: _____

COMPANY EMAIL: _____ LENGTH OF TIME IN POSITION: _____

COMPANY TYPE OF PRODUCT OR SERVICE: _____

HOME ADDRESS STREET: _____

HOME CITY: _____ PROVINCE: _____ POSTAL CODE: _____

HOME PHONE: _____ HOME EMAIL: _____

MAILING ADDRESS: HOME OR COMPANY? _____ WOULD YOU LIKE AN EMAIL REMINDER TOO? (YES/NO)? _____

BACKGROUND

LENGTH OF TIME IN TRADE: _____ NUMBER OF EMPLOYEES UNDER SUPERVISION: _____

NUMBER OF: TRUCKS: _____ TRACTORS: _____ TRAILERS: _____ OTHER EQUIPMENT: _____

REFERENCES (SIGNATURES OF TWO ATSSA MEMBERS FAMILIAR WITH YOUR WORK MUST BE GIVEN)

MEMBER: _____ MEMBER: _____

PRINT NAME: _____ PRINT NAME: _____

WHAT DO YOU HOPE TO GET OUT OF THIS ORGANIZATION? _____

By Signing this application you agree to adhere to the rules and bi-laws of the Hamilton ATSSA, to promote positive fellowship in the transportation industry and to actively practice and promote ethical standards with all members within in the organization and the industry.

DATE OF APPLICATION: _____ APPLICANTS SIGNATURE: _____

PAYMENT MUST BE ENCLOSED WITH THIS APPLICATION: REGULAR/ACTIVE MEMBERS \$45.00 OR ASSOCIATE/AFFILIATE MEMBERS \$85.00

FOR OFFICE USE ONLY

TYPE OF MEMBERSHIP (CIRCLE ONE): REGULAR/ACTIVE - ASSOCIATE - AFFILIATE DATE RECEIVED: _____

REGISTRATION NUMBER: _____ PAID BY: _____ DATE ECCEPTED BY EXECUTIVE: _____

EXECUTIVE APPROVAL INITIALS: