



# Maine Professional Drivers Association

## Membership Application

Mail to: MPDA Membership Chair  
PO Box 5672  
Augusta, ME 04332-5672

Applicant's Name: \_\_\_\_\_  
Telephone: (        ) \_\_\_\_\_ ( ) Home ( ) Cellular  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Spouse's name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Employed by or Leased to: \_\_\_\_\_  
Address: \_\_\_\_\_  
Are you a company [ ] or organization [ ]?  
Contact person: \_\_\_\_\_  
Your position with company: \_\_\_\_\_

Time you have been in the trucking industry:

Present Company: \_\_\_\_\_ years                      Trucking Industry: \_\_\_\_\_ years

How long since last accident? \_\_\_\_\_ years.

How long since last traffic violation? \_\_\_\_\_ years.

List other organizations/associations of which you are a member:

\_\_\_\_\_  
\_\_\_\_\_

Person who gave you this application, or the location where you picked it up:

\_\_\_\_\_

Type of membership you are applying for (check one):

[ ] Full

[ ] Associate (Non-drivers or Driver with company less than 1 year)

[ ] Supporting (Company or Organization)

Are your dues included?            Yes [ ] No [ ]

[ ] \$25 Annual-Individual                      [ ] \$250 Lifetime-Individual

[ ] \$100 Annual-Supporting (Company)            [ ] \$1,000 Lifetime-Supporting (Company)

**Please make checks payable to MPDA or pay online at [www.mpda.org](http://www.mpda.org)**

I acknowledge that, to the best of my knowledge, all the information contained in this application is true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Association use only**

Date Application Rec'd \_\_\_\_\_ Member Officer Approval \_\_\_\_\_

Dues Rec'd \_\_\_\_\_ Board Approval \_\_\_\_\_

By-laws Sent \_\_\_\_\_ Membership # \_\_\_\_\_