



Maine Professional Drivers Association

Application for MPDA Membership

Mail to:

Maine Professional Drivers Association
Attn: Membership Officer
P.O. Box 5672
Augusta, Maine
04332-5672

(PLEASE PRINT)

Applicant's Name: _____

Telephone: (_____) - _____ - _____

Mailing Address: _____

City, State, Zip: _____

Age: _____

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.

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

___ Type Membership applying for (check one):

Full: [] Associate (non-drivers or driver with company less than 1 year): [] Supporting (companies or organization): []

Are your annual Dues included? Yes [] No []

\$25 Individual [] - \$65 Supporting (Company) [] **(please make checks payable to MPDA)**

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

Signature: _____

For Association use only

Application Rec'd ___/___/___

Member Officer Approval _____

Dues Rec'd _____

Board Approval _____

By-laws Sent _____

Membership # _____