



**WOMEN IN TRUCKING**

CORPORATE

# Membership Application

www.WomenInTrucking.org  
888.464.9482

Check One:  **New Member**    **Renewal**

Membership Type; Check One:

- Individual, Non-Driver:**  **\$60 - 1 year;**  **\$110 - 2 years;**  **\$160 - 3 years**  
dispatcher, recruiter, media, marketing, etc.
  - Corporate Account:** Corporate member company names are included in our *Redefining the Road* magazine, traveling display, and website.
    - \$220 Corporate Account\*** - Truck Driving School or Nonprofit Organization - includes 2 associate members
    - \$550 Corporate Account\*** (250 employees or fewer) - includes 5 associate members
    - \$1,100 Corporate Account\*** (over 250 employees) - includes 10 associate members
- \_\_\_ \*Additional employee memberships are \$10/person. List names and email and mailing addresses on separate sheet.

Name: \_\_\_\_\_ Referred by: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Company Website: \_\_\_\_\_  
 Mailing Address - Street: \_\_\_\_\_  
 City, State/Province, Zip/Postal Code: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Telephone No: (\_\_\_\_\_) \_\_\_\_\_  
 Birth Date (month, date, year): \_\_\_\_\_  
 Gender Identification:  Female or  Male or  Non-Binary  
 I am a Certified Woman-Owned Business (WBE)  
 *Women in Trucking is proud to partner with companies offering information or products that may interest our members. If you do not wish to receive these offers, please check the box.*

**Payment Information (U.S. Funds)**  
 **I wish to add \$\_\_\_\_\_ for a tax deductible donation to the Women In Trucking Foundation.**  
 MasterCard    Visa    American Express    Cash    Check payable to Women In Trucking  
 Credit Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
 Address where credit card statement is mailed: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Check or money order payment, mail to: Women In Trucking, PO Box 400, Plover, WI 54467-0400, USA  
Credit card payment, scan and email to: WIT@womenintrucking.org

For Office Use: Person receiving application \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_  
 Verify: New/Renewal • Membership Type • Payment Method (credit card, cash, check)