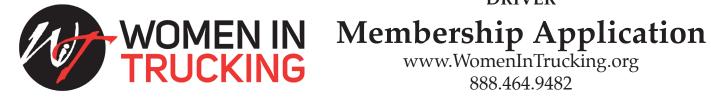
DRIVER



Check One: 
New Member 
Renewal

888.464.9482

embership Type; Check One:		
Student: 🖵 \$15 (first year dues only)		
Professional Driver: 🖵 \$30 - 1 year; 🖵 \$55 - 2 years; 🖵 \$80 - 3 years Complete Box 1 below.		
Professional Driver PLUS Mate: 2 \$40 - 1 year Complete Box 1 & 2 below.		
Your spouse or partner is included for an additional \$10/year. <b>Retired/Disabled</b> : <b>\$10</b>		
ox 1: Professional Driver Information		
ame: Referred by:		
ailing Address - Street:		
ty, State/Province, Zip/Postal Code:		
nail: Telephone No: ()		
rth Date (month, date, year):		
umber of Years Driving Professionally:		
Company Driver; Name of Company:		
Owner-Operator; Leased to:		
neck all that apply: 🗅 Solo 🗅 Team 🛛 🛛 Gender Identification: 🗅 Female or 🗅 Male or 🗅 Non-Binary		
I am a Certified Woman-Owned Business (WBE)		
y 2. Mate Information (only complete if mate is also becoming a member)		
ox 2: Mate Information (only complete if mate is also becoming a member)		
ame:		
ame: nail: Telephone No: ()		
ame: nail: Telephone No: () rth Date (month, date, year):		
ame: Telephone No: ()		
ame: Telephone No: () nail: Telephone No: () rth Date (month, date, year): umber of Years Driving Professionally: Company Driver; Name of Company:		
ame: Telephone No: () nail: Telephone No: () rth Date (month, date, year): umber of Years Driving Professionally: Company Driver; Name of Company: Owner-Operator; Leased to:		
ame: Telephone No: () nail: Telephone No: () rth Date (month, date, year): umber of Years Driving Professionally: Company Driver; Name of Company:		
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ame: Telephone No: () nail: Telephone No: () rth Date (month, date, year): umber of Years Driving Professionally: Company Driver; Name of Company: Owner-Operator; Leased to: neck all that apply: □ Solo □ Team Gender Identification: □ Female or □ Male or □ Non-Binary I am a Certified Woman-Owned Business (WBE)		
ame: Telephone No: ()		
ame:		

Check or money order, 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)