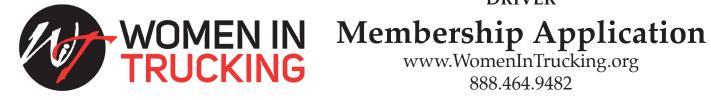
DRIVER



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. Retired/Disabled : \$10 | | |
| | | |
| 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: | | |
| 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: () 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: | | |

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