RETIRED/DISABLED



888,464,9482

Dues are for one year, renewable in the month preceding the anniversary. Dues include:

- WIT lapel pin
- Networking Events
- 'Member Only' Benefits
- Redefining the Road magazine
- Mentoring Opportunities
 Special Offers from Sponsors
- Reception Invitations
- Webinars & Teleconferences
- WIT e-News weekly e-newsletter

Check One:

Retired/Disabled Industry Professional: □ \$10 Complete Box 1 below. Retired/Disabled Industry Professional PLUS Mate: \$\square\$ \$\square\$ 20 Complete Box 1 and 2 below.

Box 1: Professional Driver Information
Name: Referred By:
Name: Referred By: Mailing Address - Street:
City, State/Province, Zip/Postal Code:
Email: Telephone No: ()
City, State/Province, Zip/Postal Code:
Number of Years Driving Professionally:
☐ Company Driver; Name of Company:
Owner-Operator; Leased to:
□ Solo or □ Team
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.
7.0
Box 2: Mate Information
Name:
Email: Telephone No: ()
Birth Date (month, date, year):
Number of Years Driving Professionally:
☐ Company Driver; Name of Company:
☐ Owner-Operator; Leased to:
□ Solo or □ Team
Gender Identification: □ Female or □ Male or □ Non-Binary
Payment Information (U.S. Funds)
Payment Information (U.S. Funds) I wish to add \$ for a tax deductible donation to the Women In Trucking Foundation.
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
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
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:
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:
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:
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:

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