

# 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 [] **(please make checks payable to MPDA)**

**with company less than 1 year** I acknowledge that, to the best of my knowledge, all the information contained in this application is true. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

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**For Association use only**

Application Rec'd \_\_\_\_/\_\_\_\_/\_\_\_\_

Member Officer Approval \_\_\_\_\_

Dues Rec'd \_\_\_\_\_

Board Approval \_\_\_\_\_

By-laws Sent \_\_\_\_\_

Membership # \_\_\_\_\_  
Generic Membership Application