



Maine Professional Drivers Association

Application for MPDA Membership

Please mail this application to:

Maine Professional Drivers Association, PO Box 5672, Augusta, ME 04332-5672

Web Site: www.mpd.org E-mail: membership@mpda.org

Applicant's name: _____ Tel #: _____

Company Name (if supporting member): _____ Tel #: _____

Mailing Address: _____

City, State, Zip: _____

Birth date: ____/____/____

Spouse's Name: _____ Email address: _____ @ _____

Drivers License #: _____ State: _____

Employed by or Leased to: _____

Address: _____

Are you a company [] or individual ? []

If Company Application:

Contact person: _____

Your position with company: _____

Years in the trucking industry? - Present Company: ____ Trucking Industry: ____

Years since last accident? ____ Years since last traffic violation? ____

Person who gave you this application or location where you picked it up at:

Type Membership applying for (check one) –

Driver: [] Associate (non-drivers): [] Supporting (companies or organization): []

\$25 Individual [] - \$65 Supporting [] (please make checks out to MPDA) Are your dues included? Yes [] / No []

I acknowledge that, to the best of my knowledge, all the above information is true.

Signature: _____ Date: ____/____/____

For Association use only:

Application Rec'd ____/____/____ Member Officer Approval _____

Dues Rec'd ____/____/____ Board Approval _____

By-laws Sent Yes ____ / No ____ / Membership # _____