



# MEMBERSHIP APPLICATION

APPLICANT:  MR.  MRS.  MS. \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_  
(PHYSICAL) STREET APT/STE CITY STATE ZIP

ADDRESS: \_\_\_\_\_  
(MAILING) STREET APT/STE CITY STATE ZIP

PHONE #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  HOME  CELL  OTHER \_\_\_\_\_

PHONE #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  HOME  CELL  OTHER \_\_\_\_\_

E-MAIL: \_\_\_\_\_ @ \_\_\_\_\_  No EMAIL

DO YOU OWN YOUR OWN COMPANY?  YES  NO

IF "YES", ENTER NAME HERE: \_\_\_\_\_

I HEREBY APPLY FOR MEMBERSHIP IN THE NATIONAL ASSOCIATION OF INDEPENDENT TRUCKERS, LLC ("NAIT") AND AGREE TO PAY MONTHLY MEMBERSHIP DUES DISCLOSED AT [www.naitusa.com](http://www.naitusa.com).

I UNDERSTAND MEMBERSHIP IS NONTRANSFERABLE.

SUBMISSION OF THIS APPLICATION FOR MEMBERSHIP AUTHORIZES NAIT AND ITS AFFILIATED BENEFIT PROVIDERS TO CONTACT ME OR MY COMPANY BY MAIL, PHONE, FAX OR E-MAIL REGARDING NAIT MEMBERSHIP AND MEMBER BENEFITS.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**RETURN TO:**

MAIL: PO Box 901606, KANSAS CITY, MO 64190  
E-MAIL: [MemberBenefits@NAITUSA.com](mailto:MemberBenefits@NAITUSA.com)  
FAX: (816) 713-1333

FOR ADDITIONAL INFORMATION ON YOUR TOTAL BENEFIT PACKAGE VISIT [www.naitusa.com](http://www.naitusa.com) OR CALL (800) 821-8014

Follow us on Twitter: @naitusa