

*MID ATLANTIC  
PROFESSIONAL TRUCK DRIVERS ASSOCIATION*

APPLICATION FOR MEMBERSHIP

DRIVER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ SPOUSE'S NAME \_\_\_\_\_

EMPLOYER \_\_\_\_\_  
\_\_\_\_\_

YEARS IN TRUCKING INDUSTRY \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SHIRT SIZE – DRIVER \_\_\_\_\_ SPOUSE \_\_\_\_\_

DUES ARE \$20.00 PER YEAR. MAKE CHECK PAYABLE TO MAPTDA.  
MAIL TO: MAPTDA, P.O. BOX 501, FISHERSVILLE, VA 22939.