

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 _____

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