



Maine Professional Drivers Association

Membership Application

Mail to: MPDA Membership Chair
PO Box 322
Biddeford, ME 04005

Applicant's Name: _____
Telephone: () _____ () Home () Cellular
Mailing Address: _____
City, State, Zip: _____
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.

List other organizations/associations of which you are a member:

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

Type of membership you are applying for (check one):

[] Full

[] Associate (Non-drivers or Driver with company less than 1 year)

[] Supporting (Company or Organization)

Are your dues included? Yes [] No []

[] \$25 Annual-Individual

[] \$250 Lifetime-Individual

[] \$100 Annual-Supporting (Company)

[] \$1,000 Lifetime-Supporting (Company)

Please make checks payable to MPDA or pay online at www.mpda.org

I acknowledge that, to the best of my knowledge, all the information contained in this application is true.

Signature: _____ Date: _____

For Association use only

Date Application Rec'd _____ Member Officer Approval _____

Dues Rec'd _____ Board Approval _____

By-laws Sent _____ Membership # _____