United Truckers Association

309 N Stuart Place Road, Harlingen, TX 78552 ♦ Tel: 800.716.2559 ♦ Fax:1-956-425-9350

Approval Membership # _____

Requested Effective Date: _____

Membership Application

Individual Driver Information:	***Motor Carrier Information:***
Name:	Contracted By ***(Name of Company):***
Mailing Address:	Contact Person: Federal Employer ID#:
City: State: Zip:	Mailing Address:
Date of Birth: Male: ☐ Female: ☐	City: State: Zip:
Home Telephone #: Fax#:	Motor Carrier Phone #:
Cell Phone #:	Motor Carrier Fax #:
Email Address:	Motor Carrier Email Address:
Beneficiary: Relationship:	**Commodities Hauled:** (**NO** Caustic, Flammable, Explosive, Radioactive and Livestock)
CDL #: State: # Years of Experience:	**Type of Trailer:** (Flatbeds, Dumps, Sand and Gravel, Auto Haulers, Tankers and Others must go on Plan 1S.)
Driver Signature: Date:	

****UTA Membership does not require participation in any offered benefit program.****