

INTERNATIONAL MEMBERSHIP APPLICATION



TIRE INDUSTRY
ASSOCIATION
TIRE SAFETY STARTS HERE.

www.tireindustry.org

800.876.8372

I. CONTACT INFORMATION

Name _____
Company _____
Mailing Address _____
City _____ Country _____ Postal Code _____
Phone _____ Fax _____
E-mail _____ Web Site _____

II. COMPANY INFORMATION

My company is: ☐ Independently Owned ☐ Franchise Number of full-time employees: _____
Company description: ☐ Single Location ☐ Local Headquarters with 2 to 5 Stores
☐ Regional Headquarters with 6 to 10 Stores ☐ National Headquarters with 10+ Stores

III. MARKET (Select the market you represent.)

☐ Commercial ☐ Retail ☐ Retread/Repair ☐ Recycling ☐ OTR

IV. MARKET CATEGORY (Select all the market categories that apply to your primary business.)

☐ Agricultural/Farm ☐ Fleet/Municipality ☐ Manufacturer ☐ Retreader
☐ Automotive Repair ☐ Industrial ☐ Marketer/Consultant ☐ Truck Stop/Travel Plaza
☐ Dealer ☐ Industry Supplier ☐ Recycler ☐ Wholesaler/Distributor

V. ANNUAL MEMBERSHIP DUES (TIA Membership Year is July 1 to June 30.)

☐ International Membership US \$250 annual dues

VI. METHOD OF PAYMENT

☐ Check (Make payable to TIA) ☐ Invoice me. My company's PO authorization number for this transaction is _____
☐ VISA ☐ MasterCard ☐ AMEX
Credit Card Number _____ Expiration Date ____/____/____ CVV _____
Card Holder Name _____ Card Holder Signature _____
(Please print) ☐ Checking this box represents my electronic signature
Cardholder Billing Address _____ City/State/Zip _____
(If different from above)