

INTERNATIONAL MEMBERSHIP APPLICATION



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 \$200 annual dues

VI. METHOD OF PAYMENT

Check (Make payable to TIA) VISA MasterCard AMEX CVV Code _____
Credit Card Number _____ Expiration Date ____/____/____
Card Holder Name (Please print) _____
Card Holder Signature _____

TIA represents all sectors of the tire and rubber industries and is dedicated to the success of these industry professionals worldwide.