TIA MEMBERSHIP APPLICATION



I.	CONTACT INFORMATION	
	NameCompany	_
	Mailing Address	
	CityPostal Code	_
	Phone Fax	-
	E-mail Web Site	-
П.	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	
Ш	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.) Dues are based upon annual sales volume of a headquarters location and the number of additional branch locations. \$0 - \$750,000 in annual sales \$250 annual dues \$750,001 - \$3 million in annual sales \$500 annual dues \$3 million - \$5 million in annual sales \$750 annual dues \$5 million - \$10 million in annual sales \$1,000 annual dues \$10 million - \$20 million in annual sales \$2,000 annual dues Over \$20 million in annual sales \$3,000 annual dues Additional locations/branches \$x \$100 each = \$	
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	

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