

TIA MEMBERSHIP APPLICATION

MANUFACTURERS / SUPPLIERS / WHOLESALE-DISTRIBUTOR



TIRE INDUSTRY ASSOCIATION

TIRE SAFETY STARTS HERE.

www.tireindustry.org

info@tireindustry.org

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: _____

Total Number of Locations: _____

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.)

Dues are based upon annual sales volume of a headquarters location and the number of additional branch locations.

\$0 - \$750,000 in annual sales \$350 annual dues
 \$750,000 - \$3 million in annual sales \$695 annual dues
 \$3 million - \$5 million in annual sales \$950 annual dues
 \$5 million - \$10 million in annual sales \$1,250 annual dues
 \$10 million - \$20 million in annual sales \$2,500 annual dues
 Over \$20 million in annual sales \$3,750 annual dues
 Additional locations/branches _____ x \$125 each = \$ _____ annual dues

Total Annual TIA Membership 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)