

TIA MEMBERSHIP APPLICATION

DEALERS / RETREADERS / RECYCLERS



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\$295 annual dues
 \$750,000 - \$3 million in annual sales\$595 annual dues
 \$3 million - \$5 million in annual sales\$845 annual dues
 \$5 million - \$10 million in annual sales\$1,150 annual dues
 \$10 million - \$20 million in annual sales\$2,250 annual dues
 Over \$20 million in annual sales\$3,350 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 ____/____/____ CW _____

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)