

INTERNATIONAL MEMBERSHIP APPLICATION



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.)*

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 _____ (Please print) Card Holder Signature _____
 Checking this box represents my electronic signature
Cardholder Billing Address _____ (If different from above) City/State/Zip _____