

# INTERNATIONAL MEMBERSHIP APPLICATION



TIRE INDUSTRY  
ASSOCIATION

TIRE SAFETY STARTS HERE.

[www.tireindustry.org](http://www.tireindustry.org)

## I. CONTACT INFORMATION

Company \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Web Site \_\_\_\_\_

## II. COMPANY INFORMATION

My Company is:  Independently Owned  Franchise Number of full-time employees: \_\_\_\_\_ 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 \_\_\_\_\_ Card Holder Signature \_\_\_\_\_  
(Please print)  Checking this box represents my electronic signature

Cardholder Billing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
(If different from above)

06/18/25

### SUBMIT PAYMENT:

Tire Industry Association  
1532 Pointer Ridge Place, Ste. G  
Bowie, Maryland 20716-1883

Phone: 301.430.7280  
Fax: 301.430.7283  
Online: [www.tireindustry.org/membership](http://www.tireindustry.org/membership)  
Questions: [membership@tireindustry.org](mailto:membership@tireindustry.org)

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