

1071-B Baltimore Blvd
Westminster, MD 21157
(410) 517-3111
info@mvta.org



APPLICATION FOR MEMBERSHIP

COMPANY INFORMATION

Company Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Website: _____

Primary Contact: _____

Primary Contact Email Address: _____

TSA #: _____ What year was your company founded? _____

How Many Locations Do you Have? _____ [if more than one, please indicate the address of your main office and complete a separate application for each additional branch office]

BILLING INFORMATION

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email for Invoices Only: _____

Annual Membership Investment: _____ [Please refer to page #2]

Check Enclosed [Make Payable to MVTA]

BUSINESS CLASSIFICATION [if any]:

Woman-owned

Veteran-owned

Minority-owned

Disability-owned

REASON FOR JOINING MVTA:

Education/Professional Development

Networking

Marketing, Advertising

Other _____

HOW DID YOU HEAR ABOUT THE MVTA? WERE YOU REFERRED?

NAME: _____ COMPANY: _____

WHO IS YOUR CURRENT ERT PROVIDER? _____

INTERESTED IN SERVING ON OUR LEGISLATIVE OR ETHICS COMMITTEES? _____

FEE SCHEDULE:

- **SINGLE TSA MEMBERSHIP:**
 - Single location
 - \$250.00 per year for the single location.
- **MULTIPLE TSA MEMBERSHIP OWNED BY THE SAME ENTITY.***
 - Multiple locations, owned by the same individuals or partners
 - \$250.00 per year for the first location
 - \$100.00 per year for each additional location
- **MULTIPLE TSA MEMBERSHIPS OWNED BY SEPARATE PARTNERSHIPS.***
 - Multiple locations, owned by multiple partnerships
 - \$250.00 per year for each location
- **ASSOCIATE MVTA MEMBERSHIP.***
 - NON TAG AND TITLE ORGANIZATIONS THAT CAN POSITIVELY AFFECT THE MVTA
 - I.e. Insurance Companies and/or Inspection Stations
 - \$175.00 per year, per location

*** Please complete a separate application for each location**

I have read and fully understand the agreement above and by signing it, I accept the conditions stated in that agreement. Additionally, I certify that all information provided in this application is accurate and true.

SIGNATURE: _____
Date

COMPANY: _____

FOR OFFICE USE ONLY:

Year Joined: _____ Committee(s): _____

Notes: _____
