

California Delivery Association MEMBERSHIP APPLICATION



YES! We would like to apply for membership in California Delivery Association.

A. Company Information:

Company name _____
 Contact person(s) (1) _____ (2) _____
 Mailing address _____ City _____ Zip _____
 Phone _____ FAX _____
 E-mail address _____
 Website address _____
 No. of years in business _____ "CA" Number _____
 Do you have an active DMV Motor Carrier Permit? _____ YES _____ NO _____ PENDING

B. We were referred by _____

C. Brief business description _____

D. Dues payment:

1. Regular Membership – Businesses engaged in the time-sensitive transportation of goods and documents. Please determine your dues level from the chart below and circle the appropriate amount.

Gross Annual Revenues (Dollars) (California Operations)		Quarterly Amount
Over	Not Over	
0	500,000	\$ 87.00
500,000	1,000,000	\$ 173.00
1,000,000	5,000,000	\$ 216.00
5,000,000	10,000,000	\$ 289.00
10,000,000	25,000,000	\$ 361.00
25,000,000	50,000,000	\$ 542.00
50,000,000		\$1,084.00

2. Associate Membership – A supplier of goods or services to the delivery industry. Dues are \$400.00 per year (Corporate) or \$900 per year (Sustaining), subject to quarterly proration. Contact CDA for additional information about these categories of Associate membership. Our phone number is 530/644-8570.

3. Method of payment:

- a. Enclosed is my check No. _____ in the amount of \$ _____, which includes \$50 initiation fee (Regular members only) and \$ _____ quarterly dues.
- b. Please charge my AMEX VISA MASTERCARD (circle one).
 Card No. _____ Expires _____
 Name of cardholder _____
 Cardholder's billing address _____
 Cardholder's signature _____ Date signed _____

If our membership application is approved, we agree to abide by the CDA Bylaws and Code of Conduct.

Signed by _____ Date _____

Please FAX the application to CDA at (530) 644-5487 or mail it to: CDA, P.O. Box 1608, Placerville, CA 95667