



Rhode Island Trucking Association (RITA)

MEMBERSHIP APPLICATION

The undersigned hereby makes application for membership in the Rhode Island Trucking Association, Inc. and encloses herewith the amount of \$_____ in payment of one years membership dues as per the condition of membership stipulated in the Constitution and By-Laws.

Date: _____

Company Name: _____

Representative: _____

Mailing Address: _____

City: _____ State _____ Zip _____

Telephone: _____ Fax: _____

E-Mail Address: _____

Membership Levels

<u>Carriers</u>	<u>Associates</u>
<input type="radio"/> Carrier Minimum - \$375	<input type="radio"/> Associate Minimum - \$400
<input type="radio"/> Mid-Level I Carrier - \$500	<input type="radio"/> Mid-Level Associate - \$500
<input type="radio"/> Mid-Level II Carrier - \$725	<input type="radio"/> Max-Level Associate - \$625
<input type="radio"/> Max-Level Carrier - \$2,000	

Updated Dec. 27, 2024

Application with check can be mailed or brought to the address below.

Application via CC can be e-mailed to: chris@ritrucking.org

CREDIT CARD #: _____

EXPIRATION: _____ SEC. CODE: _____

SIGNATURE: _____