



Member # \_\_\_\_\_

Mail COMPLETED application and \*\*COI to:  
P. O. Box 20179, Baltimore, MD 21284

Phone: 410-522-0400  
E-mail: marylandlimoassoc@gmail.com  
Web: www.mdlimoassoc.org

## 2019 MLA Membership Application

Please check one: Renewing Membership \_\_\_\_\_ (If renewing, MLA Member # \_\_\_\_\_) New Membership \_\_\_\_\_

Company's Legal Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Main Contact Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web Address: \_\_\_\_\_

Additional E-mail Contact Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

# of years in business? \_\_\_\_\_

### OPERATOR'S MEMBERSHIP:

► Indicate total number of vehicles and circle all vehicle types in your fleet. Number: \_\_\_\_\_

Sedan SUV Stretch Stretch-SUV Van Bus Hybrid Specialty Wheelchair Accessible

► Two primary cities you service: 1. \_\_\_\_\_ 2. \_\_\_\_\_

► **\*\*Insurance Provider:** \_\_\_\_\_ (\*\*As part of this application you will need to submit a Certificate of Insurance (\*\*COI) naming: MLA as a "HOLDER": MLA, PO Box 20179, Balto. MD 21284. Please mail OR e-mail to: marylandlimoassoc@gmail.com

► PSC #: \_\_\_\_\_ DOT#: \_\_\_\_\_ MC #: \_\_\_\_\_

### VENDOR'S MEMBERSHIP:

► Product(s) or Service(s) Offered: \_\_\_\_\_

## Dues Schedule

*This Membership Expires December 31, 2019*

### OPERATORS (BASED ON FLEET SIZE):

- \_\_\_ 1-5 Vehicles \$0.00 (\$120.00)
- \_\_\_ 6-10 Vehicles \$0.00 (\$170.00)
- \_\_\_ 11-15 Vehicles \$0.00 (\$220.00)
- \_\_\_ 16+ Vehicles \$0.00 (\$270.00)

### VENDOR: ASSOCIATE MEMBERSHIP

\_\_\_ \$500.00

Would you like to make a monetary donation to the MLA? Yes  No

Would you be interested in serving on a committee? Yes  No

### **PLEASE ANSWER THE FOLLOWING 3 QUESTIONS TO COMPLETE THIS APPLICATION: (Operators Only)**

- (1) If you are operating one or more commercial motor vehicles in interstate and/or intrastate commerce, are you currently in compliance with all federal and state requirements prescribing mandatory minimum levels of public liability insurance coverage? Yes  No
- (2) Are you currently in compliance with all federal and state motor carrier-operating licenses, certificate or permit requirements? Yes  No
- (3) I understand that my application to be an MLA Operator Member is PENDING until verification of my authority's licensing and insurance requirements. Yes  No

**OATH: I affirm that all information contained within is true and correct to the best of my knowledge.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Office Use Only)

Date Received \_\_\_\_\_ Amount of Payment \_\_\_\_\_ Check # \_\_\_\_\_  
Verification: \_\_\_ PSC \_\_\_ Insurance Cert. Received \_\_\_ USDOT \_\_\_ MC \_\_\_  
Added to: \_\_\_ E-mail \_\_\_ Website \_\_\_

JMF 11/2018