



Member # _____

Mail COMPLETED application and **COI to:
MLA, 4401 E. Fairmount Ave, Baltimore, MD 21224

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, 4401 E Fairmount Ave, Baltimore, MD 21224

▶ PSC #: _____

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) 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
- (3) I have included COI naming MLA as HOLDER Yes No

CERTIFICATE OF INSURANCE MUST be submitted with this application.

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 ___
Added to: ___ E-mail ___ Website ___

JMF 02/2019



OPERATOR MEMBERS ONLY:

Complete the Membership Application and INCLUDE a Certificate of Insurance naming the MLA as a HOLDER. Membership Application will not be accepted without ALL required documents!

Your company is required to submit a Certificate of Insurance (COI) naming the MLA as a Holder (no cost to you). The COI and Membership application can either be USPS mailed to:

Maryland Limousine Association (MLA)
4401 E. Fairmount Ave.
Balto. MD 21224

--OR--

Scan and e-mailed to the MLA with your completed MLA Membership Application AND COI to:

marylandlimoassociation@gmail.com

Certificate of Insurance should reflect the following as a holder:

Maryland Limousine Association (MLA)
4401 E. Fairmount Ave.
Balto. MD 21224

MLA Membership is pending UNTIL:

- Completed MLA Membership form is completed and received
- PSC Authority is verified
- Certificate of Insurance (COI) is received

MLA Member application and Certificate of Insurance.

JMF 02/19/2019