



MLA Membership Application 2023

Please check one: Renewing Membership \_\_\_\_\_ New Membership \_\_\_\_\_

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

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

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

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

Do you belong to any other Associations? \_\_\_\_\_

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: \_\_\_\_\_ Policy # \_\_\_\_\_

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

VENDOR'S MEMBERSHIP:

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

Dues Schedule

This Membership Expires March 31, 2024

OPERATORS: \_\_ \$100.00 VENDOR: \_\_ \$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 [ ]

Would you be interested in Sponsoring a meeting? Yes [ ] No [ ]

Would you like to Spot-Light your company at a meeting? Yes [ ] No [ ]

Make check payable to:
MLA or Maryland Limo Assoc.

Mail to:

Len Joseph

C/O On The Town Limousines, Inc

5112 Pegasus Court, Suite V

Frederick, MD 21704

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 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 \_\_\_\_\_ Method of Payment \_\_\_\_\_

Verification: PSC \_\_\_\_\_ USDOT \_\_\_\_\_ MC \_\_\_\_\_

Added to: E-mail \_\_\_\_\_ Website \_\_\_\_\_