



E-mail: marylandlimoassoc@gmail.com
Web: www.mdlimoassoc.org

MLA Membership Application 2024

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? If so please list: _____

OPERATOR'S AND AFFILIATE'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, 2025

OPERATORS: __ \$150.00 AFFILIATE: __ \$150 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/Affiliates 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 _____