



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

MLA Membership Application 2024

Please check one: Renewing Membership _____ New Membership _____

The Highlighted areas WILL appear on our MLA Website.

Company's Legal Name: _____

DBA: _____

Primary Contact Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Primary Telephone: _____ Cell _____

Primary 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: _____

MD PSC # (MD 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

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

I understand that my application to be an MLA Operator Member is PENDING until verification of my authority's licensing requirements. Yes No
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: _____

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