GMTA CARRIER MEMBER APPLICATION

COMPANY INFORMATION

Company Name:			
Mailing Address:			
Address 2:		City:	
State:	Zip Code:	County:	
PRIMARY CONTACT			
Name:		Title:	
Email:		Phone:	
Mailing Address:			
Address 2:		City:	
State:	Zip Code:	County:	
ADDITIONAL COMPANY CONT	ACTS		
Name:		Title:	
Email:		Phone:	
Mailing Address:			
Address 2:		City:	
State:	Zip Code:	County:	
Name:		Title:	
Email:		Phone:	
Mailing Address:			
Address 2:		City:	
State:	Zip Code:	County:	

If you would like to add more than 2 additional company contacts, email their information to emily @gmta.org.

CARRIER INFO	RMATION		
Private:	For Hire:	Georgia Based Carrier? Yes	No
Does your o	company employ o	wner-operators? Yes No	
DOT# (req	uired for membersh	nip)	
Products (Carried		
Auto Transporters		Film/Staging	Livestock
Bevero	age Distribution	Flatbed Carrier	Moving & Storage
Cemer	nt/Concrete	Food Products	Package Delivery
Chemi	cals	Forestry	Passenger Carrier
Compr	ressed Gas	General Commodities	Petroleum
Constr	ruction Equipment	Hazmat	Propane
Contai	iner Transport	Heavy Equipment	Pulpwood
Courie	r Service	Household Goods	Refrigerated Goods
Dry Bu	ılk	Integrated Carrier/Logistics	sTextiles
Dump	Transporter	Liquid Bulk	Warehousing
AIR participa 1 - 15	culated by Truck nts receive a dis Trucks: \$600-\$4	scounted rate for the first tw	o years of GMTA membership.
PAYMENT INF	ORMATION		
Card Numbe	r:		
Expiration Do	ate:	CVV:	
Billing Addre	SS:		
City:		_ State: Zi	ip: