



GEORGIA TRUCKING ASSOCIATION



ALLIANCE INTERSTATE RISK

MEMBERSHIP INFORMATION

The Georgia Trucking Association (GTA) connects your company to the strongest trucking network in the Southeast. Through a robust statewide calendar of events, members build meaningful relationships with industry leaders, safety professionals, and peer carriers across Georgia — creating connections that drive business, leadership, and long-term success.

ADVOCATE

We advocate for the industry through targeted legislative priorities, strong policymaker relationships, and a disciplined political strategy that protects carriers and reduces operational risk.

CONNECT

We connect Georgia's trucking community through elevated events, regional councils, peer engagement, and leadership networks that build real relationships and long-term collaboration.

EQUIP

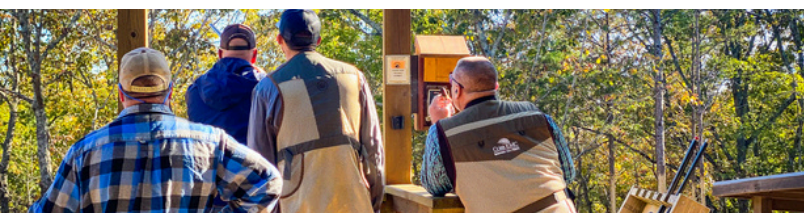
We equip members with practical safety, compliance, and leadership training — delivering education, resources, and solutions that reduce cost, complexity, and friction for trucking companies.

SERVE

We serve our members through mission-driven support, clear communication, and consistent, professional service across every GTA touchpoint.

GTA members benefit from customizable sponsorship and visibility opportunities across events, programs, publications, and digital platforms. These tailored partnerships allow members to maximize ROI, brand exposure, and meaningful engagement within the industry.

Members stay informed and connected through GTA's communications platforms, including digital newsletters, real-time alerts, publications, industry reports, and the annual membership directory — keeping companies ahead of trends, policy changes, and critical developments impacting trucking.



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 Contacts

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: _____

CARRIER INFORMATION

Private: _____ For Hire: _____ Georgia Based Carrier? ☐ Yes ☐ No

Does your company employ owner-operators? ☐ Yes ☐ No

DOT # (required for membership) _____

Products Carried

- | | | |
|---|---|---|
| <input type="checkbox"/> Auto Transporters | <input type="checkbox"/> Film/Staging | <input type="checkbox"/> Livestock |
| <input type="checkbox"/> Beverage Distribution | <input type="checkbox"/> Flatbed Carrier | <input type="checkbox"/> Moving & Storage |
| <input type="checkbox"/> Cement/Concrete | <input type="checkbox"/> Food Products | <input type="checkbox"/> Package Delivery |
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Forestry | <input type="checkbox"/> Passenger Carrier |
| <input type="checkbox"/> Compressed Gas | <input type="checkbox"/> General Commodities | <input type="checkbox"/> Petroleum |
| <input type="checkbox"/> Construction Equipment | <input type="checkbox"/> Hazmat | <input type="checkbox"/> Propane |
| <input type="checkbox"/> Container Transport | <input type="checkbox"/> Heavy Equipment | <input type="checkbox"/> Pulpwood |
| <input type="checkbox"/> Courier Service | <input type="checkbox"/> Household Goods | <input type="checkbox"/> Refrigerated Goods |
| <input type="checkbox"/> Dry Bulk | <input type="checkbox"/> Integrated Carrier/Logistics | <input type="checkbox"/> Textiles |
| <input type="checkbox"/> Dump Transporter | <input type="checkbox"/> Liquid Bulk | <input type="checkbox"/> Warehousing |

DUES CALCULATION

Dues are calculated by Truck Count.

☐ 1 - 15 Trucks: \$600

☐ 15+ Trucks: Truck Count _____ x \$40 = \$_____

PAYMENT INFORMATION

Card Number: _____

Expiration Date: _____ CVV: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Send Application to [email: nathan@gmta.org](mailto:nathan@gmta.org)