

Vermont Truck & Bus Association, Inc.
19 Henniker Street • PO Box 3898
Concord, NH 03302-3898
802-479-1778

VTBA

Membership Application

An Investment in Your Future

<i>Executive Director.....</i>	<i>Robert J. Sculley</i>
<i>Government Relations.....</i>	<i>Edward Miller & William Smith</i>
<i>Services Manager.....</i>	<i>Paula W. McLaughlin</i>
<i>Administrative Assistant.....</i>	<i>Vera C. Tucker</i>
<i>Support Staff.....</i>	<i>Donna Daugherty</i>
<i>Benefits Administrator.....</i>	<i>Christina Lavoie</i>
<i>Bookkeeper.....</i>	<i>Sheila Surmanis</i>
<i>Support Staff.....</i>	<i>Cecilia Loiselle</i>
<i>Support Staff.....</i>	<i>Karen Shea</i>
<i>Support Staff.....</i>	<i>Susan Shimanoski</i>
<i>Director of Safety.....</i>	<i>Geoffrey Doughty</i>

MEMBERSHIP CATEGORIES

REGULAR

Any company or person which directly uses trucks or buses for their line of business. The regular rate was established for companies owning or leasing up to 5 vehicles with a gross vehicle weight of 10,000 lbs. or more. An additional \$30 is charged for each vehicle from 6 or more. To a maximum charge of \$1,390.

ASSOCIATE VENDOR DEALERS

Dealers in automobiles, trucks, truck-trailers or buses and wholesaler of parts

ASSOCIATE MEMBERS

Major oil companies, manufacturers and insurance companies.

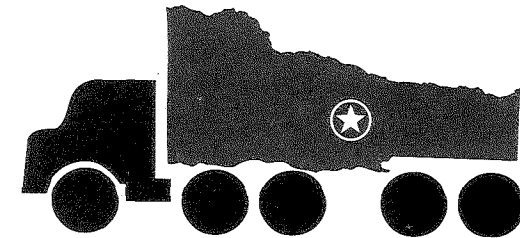
MULTIPLE VEHICLES UNDER 10,000 lbs

POLITICAL ACTION COMMITTEE CONTRIBUTION

We ask that you also contribute to our PAC, which helps with additional legislation issues.

OTHER

Does fall under any other classification



**VERMONT TRUCK & BUS
ASSOCIATION, INC.**

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Phone 802-479-1778
Fax 802-479-1395
www.vtba.org

“If you’ve got it – a truck brought it”

MEMBERSHIP SERVICES

- *Fleet & Cargo Insurance Program – VTBA has joined with Acadia Insurance Company to offer a cargo and fleet insurance program which includes competitive rates, one hour claim service and more. Qualified members may also join the VTBA Safety Group and potentially earn back dividends.*
- *Legislative Support – You are well represented in the Vermont Legislature. Edward Miller & William Smith are our registered lobbyists for VTBA.*
- *Forms & Supplies – All the forms and supplies required by State and Federal Governments for the transportation industry are available through VTBA office. We buy our materials in bulk so we can offer you the lowest prices in the state.*
- *Dental program – VTBA has partnered with Northeast Delta Dental to offered two dental programs to VTBA members. Rates are 35% less than if you go directly with Northeast Delta Dental. There are no minimum participant requirements.*
- *Newsletter – A monthly newsletter containing industry updates, regulation changes and information that is pertinent to your business.*
- *Drug & Alcohol Random Testing Program – VTBA has a comprehensive drug & Alcohol random testing program that meets all the Federal and State requirements.*

*Please make checks payable to Vermont Truck & Bus Association (VTBA).
Please return membership application along with payment to:*

*Vermont Truck & Bus Association, Inc.
PO Box 3898
Concord, NH 03302-3898*

The Board of Directors of Vermont Truck & Bus Association has the right to accept or deny applicant on any basis which cannot be considered discriminatory.

Prices effective January 1, 2010

MEMBERSHIP RATES

<i>Regular 0 – 5 units</i>	<i>.....\$200.00</i>
<i>Each additional unit</i>	<i>.....\$30.00</i>
<i>Multiple Vehicles Under 10,000 lbs.</i>	<i>.....\$200.00</i>
<i>Dealer</i>	<i>.....\$260.00</i>
<i>Associate Member</i>	<i>.....\$430.00</i>
<i>Other</i>	<i>.....\$200.00</i>
<i>Associate Vendor</i>	<i>.....\$250.00</i>

Company Information

Company _____ *Date* _____

Shipping Address _____

City _____ *State* _____ *Zip* _____

Mailing address (if different than shipping) _____

City _____ *State* _____ *Zip* _____

Contact person _____ *Contact Title* _____

E-mail address _____ *Web Site Address* _____

Telephone # _____ *Fax #* _____

Signature of Applicant _____

Total # of vehicles over 10,000 _____

Number of Employees: _____ *Brief description of your business:* _____

Recommended by _____

Membership dues enclosed _____

Total of check enclosed: _____