

WISCONSIN MOTOR CARRIERS ASSOCIATION

ADOPT A MEMBER CAMPAIGN

Company Name: _____

Contact Name: _____ Title: _____

Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Watts: _____ E-Mail: _____

Website: _____ No. of Power Units: _____

Company Profile: (Check all that apply)

Truckload Carrier Less Than Truckload Refrigerated

Van Carrier Hazardous Materials Dump Truck

Livestock Hauler Heavy & Specialized Private

Tank Carrier Flatbed Warehouse

SPONSORING ALLIED MEMBER

We agree to sponsor the company listed above for one year of membership in the WMCA for a total fee of \$100.

Name: _____ Company _____

Payment Options: Check Enclosed Bill Me Charge my credit card (MC/VISA)

Credit card information:

Card # _____ Expiration Date: _____ (MM/YYYY)

Please return this form by US mail or fax to:

Wisconsin Motor Carriers Association
PO Box 44849
Madison, WI 53744-4849
Fax: (608) 833-2875