



T.M.T.A Membership Application

Please return to: TMTA London Region, P.O. Box 25002, London ON, N6C 6A8

Transportation Maintenance & Technology Association

London Region

Membership Term January 1st to December 31st

Name _____

First

Middle

Last

Home Address _____

Street Name and Number

Apt. or Unit

City

Postal Code

Home Phone (____)-_____ Business Phone (____)-_____ Ext. _____

Home e-mail _____ Business e-mail _____

Employed By _____

Business Address _____

Street Name and Number

Unit

City

Province

Postal Code

Products or Type of Business _____

Title, Position or Occupation _____

Length of Time in Position _____

Mailing Preference (circle preference) Home Company Home e-mail Company e-mail

Date of Application _____

BACKGROUND

Length of Time in Trade _____

Number of Employees Under Supervision of Applicant _____

Number of Vehicles _____

Applicant's Signature _____

Payment must be enclosed with application payable to T.M.T.A. London Region

Regular Member \$75.00

Associate Member \$75.00

For Office Use Only: Type of Membership Regular _____ Associate _____

Date Application Received _____