

Associates Program 2018

Application Form



Please complete all sections of the application form. Your application will not be processed until all the information requested has been reviewed and payment has been received.

CCMTA will accept applications from associates at any time during the year; however, applications are reviewed by the Board of Directors for approval status on two (2) times a year, in June and December.

We wish to apply for the Associates Program with CCMTA at the annual rate shown below.

Associates: \$498 + taxes (2018 rate)

CCMTA News and mailing list only – free

**Program runs from January to December. For payments submitted after July 1st, please pay 50% of the annual fee. Please add all applicable taxes. NS residents pay 15% HST. NL, NB and ON residents pay 13% HST. BC residents pay 12% HST. All other provinces and territories pay 5% GST. The fee is quoted in Canadian funds. (GST/HST registration No. 122329659RT) Fees are tax deductible.*

While your application is pending approval, CCMTA will offer your organization preferred rates for its products and services.

CCMTA reserves the right to refuse an application or revoke the application of an associate at any time. If an application is NOT approved, or if your associate status is revoked, you will receive a full refund.

Organization Information

Company/Organization:

Name & Title:

Mailing Address:

Phone:

Fax:

Email address:

Web Site:

Organization Mission – Describe the mission or purpose of your organization

Please provide a description of your organization's products and/or services and how they stand to benefit CCMTA members and road safety in Canada.

Within the past 5 years, has any administrative or judicial body made a finding or issued an order against your organization that pertains to its conduct, which may be relevant to the character, organization, ongoing activities, or mission of the CCMTA? Yes No

If yes, please explain.

Eligibility Certification

Our organization has read and supports CCMTA’s Vision and its Mission Statement.

Our organization engages in and/or has an interest in:

- the transportation of passengers and goods;
- the licensing of drivers and vehicles;
- the registration, licensing, and mechanical fitness of motor vehicles;
- highway safety practices, procedures, programs, and research; and/or
- the enforcement of motor vehicle acts and regulations and motor carrier regulations.

Our organization agrees not to use its affiliation with CCMTA nor any logo, symbol or other identifying characteristics in conjunction with any advertising or with any product promotion without the specific written approval of CCMTA.

Our organization agrees to inform CCMTA of any major changes to its mission, activities, or purpose that could have an impact on its participation as an associate of the CCMTA.

I certify that all of the information in this application is complete and accurate, and I agree to inform CCMTA of any significant changes to such information.

Signature:

Date:

Method of Payment

Amount –	Fee	Tax	Total
Type of Credit Card or Payment			
Visa			Credit Card Number
Master Card			Name on Card
American Express			Expiry Date
Check Enclosed			Signature
Invoice			Date

Please submit the form via email using the button provided below.

Alternatively, you can also mail or fax the application form to:

Canadian Council of Motor Transport Administrators (CCMTA)
1111 Prince of Wales Dr., suite 404
Ottawa, Ontario K2C 3T2

Telephone: 613.736.1003
Fax: 613.736.1395

info@ccmta.ca | www.ccmta.ca

SUBMIT



rethinkroadsafety.ca