



**A Nonprofit Trade Association  
Incorporated in 1941 and Dedicated to  
Representing Our Members**

www.WesTrk.org

# MEMBERSHIP APPLICATION

\*\$48 of membership dues are used to cover the cost of publishing the association magazine – Western Transportation News. By signing this application you agree to subscription terms.

Membership Dues			
Trucks/ Pumps	Trlr	Scheduled Dues	
		Semi-Ann.	Annual
1	3	\$186.00	\$341.00
2	6	\$201.00	\$368.50
3	9	\$216.00	\$396.00
4	12	\$231.00	\$423.50
5	15	\$246.00	\$451.00
6	18	\$261.00	\$478.50
7	21	\$276.00	\$506.00
8	24	\$291.00	\$533.50
9	27	\$306.00	\$561.00
10+	30+	\$321.00	\$588.50

Non-Asset Based Truck Broker Dues	
Annual	- \$500
Affiliate Dues	
Annual	- \$500
Retired Dues	
Semi-Annual	- \$60
Annual	- \$110

**DUES ARE A TAX DEDUCTIBLE**

**TO JOIN:** Fill out the adjacent membership application, mail, scan, or fax with correct payment or credit card information to:

**WESTERN STATES  
TRUCKING ASSOCIATION**

334 N. Euclid Ave  
Upland, CA 91786

Fax: (909) 985-2348  
info@WesTrk.org

Office (909) 982-9898

**NO. MEMBERSHIP SERVICES DIRECTOR**

**BETTY PLOWMAN**  
(707) 974-8961

**SO. MEMBERSHIP SERVICES DIRECTOR**

**RUDY NAVARRETE**  
(909) 329-5673  
(Español)

**BORDER REGION MEMBERSHIP**

**GEORGE SANCHEZ**  
(760) 556-0595  
(Español)

**INTERSTATE MOTOR CARRIERS**

**JOE RAJKOVACZ**  
(909) 982-9898

**HEAVY-HAUL CONFERENCE**

**GREG DINEEN**  
(760) 249-4376

**DOT AUTHORITY & COMPLIANCE UNIT**

**SHANTAL AMEZQUITA**  
(909) 982-9898  
(Español)

**DRUG TESTING PROGRAM**

**SANDY MEDINA**  
(909) 982-8409  
(Español)

TYPE OF TRUCKING OPERATION		WHICH ASSOCIATION SUBDIVISION IS OF MOST INTEREST TO YOU?
<input type="checkbox"/> Construction	<input type="checkbox"/> Logging	<input type="checkbox"/> California Construction Trucking
<input type="checkbox"/> General Freight	<input type="checkbox"/> Cattle	<input type="checkbox"/> California Concrete Pumpers Alliance
<input type="checkbox"/> Port Drayage	<input type="checkbox"/> Hotshot	<input type="checkbox"/> Coalition of American-Latino Truckers
<input type="checkbox"/> Heavy-haul	<input type="checkbox"/> Auto Transport	<input type="checkbox"/> West State Alliance (Port of Oakland)
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Household Goods	<input type="checkbox"/> Heavy-Haul Conference
<input type="checkbox"/> Cross-border (International)	<input type="checkbox"/> Broker	<input type="checkbox"/> AFFILIATE MEMBER (\$500), \$50 ea. additional location
	<input type="checkbox"/> Other _____	

COMPANY INFORMATION			
<input type="checkbox"/> Number of Power Units _____	<input type="checkbox"/> Number of Trailers _____	US DOT#	CA#
Company Name / Nombre de Compania		Corporate Structure / Estructura Corporativa <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor	
Primary Contact / Contacto Primario		Position / Posición	
Address / Domicilio			
City / Ciudad	State / Estado	Zip / Código	County / Condado
Phone / Telefono	Cell / Celular	Fax	
E-mail / Correo Electrónico		Sponsor's Name / Nombre de Patrocinador	

SEND ME MORE INFORMATION ON:	
<input type="checkbox"/> Discounted DOT Drug & Alcohol Testing Services	<input type="checkbox"/> Motor Carrier Support Services
<input type="checkbox"/> Drug & Alcohol Supervisory Training	<input type="checkbox"/> FMCSA Pre-employment Screening Program (PSP)
<input type="checkbox"/> PrePass	<input type="checkbox"/> Background Screening
<input type="checkbox"/> Michelin Tire Program	<input type="checkbox"/> Driver Qualification Files
<input type="checkbox"/> Goodyear & Dunlop Tire Program	<input type="checkbox"/> Operating Authority (State and/or Federal)
<input type="checkbox"/> Insurance Services	<input type="checkbox"/> HOS Refresher Training
<input type="checkbox"/> Occupational-accident	<input type="checkbox"/> Other _____
<input type="checkbox"/> Health	
<input type="checkbox"/> General Liability	
<input type="checkbox"/> Workers Compensation	
<input type="checkbox"/> Broker Bonding (Construction & FMCSA)	

Please check this box if you would like a Membership Services Representative to contact you.

By checking this box you are "opting" out from receiving a membership publication - WTN Magazine.

PAYMENT TYPE	
<input type="checkbox"/> ANNUAL / Anualmente	<input type="checkbox"/> SEMI-ANNUAL
<small>See Membership Dues Chart on Left</small>	
Total Amount: \$ _____ Due	
<small>If paying by credit card you are agreeing to this amount</small>	
<input type="checkbox"/> Check (Payable to WSTA) <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
Card No. / No. de Tarjeta:	Sec. Code / Código de seguridad:    Exp. Date / Expira:
*Signature / Firma:	Date / Fecha: