



PO Box 4520, Station C
Calgary, AB T2T 5N3
Phone: (403) 244-4487 Fax: (403) 244-2340
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ACTA MEMBERSHIP APPLICATION

Name: _____
Company: _____
Street Address: _____
City: _____ Postal Code: _____
Phone: _____ Fax: _____
Email: _____

MEMBERSHIP DUES

Membership Category	One Year
Regular	
• 1 - 5 trucks	\$210
• 6 - 12 trucks	\$315.00
• 13 - 20 trucks	\$525.00
• 21+ trucks	\$2100.00
Affiliate (suppliers)	\$525.00

Membership Dues (please reference membership dues table to confirm amount): \$ _____
(Prices include 5% GST)

Total Amount Enclosed: \$ _____

I enclose a cheque payable to ACTA (please mail cheque to PO Box 4520 Station C, Calgary AB, T2T 5N3)

Charge to my credit card as follows:

Visa

Mastercard

American Express

Name on Card: _____ Card Number: _____

Expiry Date: _____ Signature: _____