



## Associate Application

**Membership Level you are applying for:**

- (\$3,000) Regular  
 (\$10,000) Gold  
 (\$12,000) Platinum  
 (\$15,000) Diamond

**Associate Information**

Associate Company Name \_\_\_\_\_

Primary Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

State \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Website Address \_\_\_\_\_

Do you operate a pre-CDL program? \_\_\_\_\_

**Please select your service category:**

- Advertising    Background Checks    Drug Testing    Marketing  
 Equipment Sales    Insurance/Financial Services    Other

## **Management Information**

Is your company private or publicly traded?  YES  NO

Years in Business \_\_\_\_\_

How did you learn about CVTA? \_\_\_\_\_

What products and services will you offer to CVTA Members?

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What differentiate your company from companies offering similar products/services \_\_\_\_\_

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Do you share common ownership or any financial interest in a current CVTA member? If yes, please explain? \_\_\_\_\_

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## **Advertising**

Does your company advertise on social media?  YES  NO

If so, please check all that apply:

Facebook  Instagram  Twitter  Other: \_\_\_\_\_

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Do you use superlatives (i.e. oldest, best, fastest, etc.)?  YES  NO

Does the word "free" appear anywhere in your advertising?  YES  NO

Other Company Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Other Company Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Other Company Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Documents Submitted to CVTA**

Samples of Advertising (including online advertising)

**Disclosure**

By submitting this application for membership to the Commercial Vehicle Training Association (CVTA), I/we agree that the information is true and that no material information has been omitted or left out. I/we further acknowledge that you have willingly provided this information, and that CVTA's membership is at the sole discretion of the CVTA Board of Directors and not guaranteed. By submitting this application, I/we further agree and acknowledge that I/we have read the CVTA Bylaws and Codes of Conduct and will comply in all aspects with these documents in addition to all federal and state laws if I/we are approved for membership.

Signature \_\_\_\_\_ Print \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**For Internal CVTA Use Only**

CVTA Reviewer \_\_\_\_\_

Date \_\_\_\_\_

Recommendation to CVTA Board of Directors

Approve

Approve with Changes

Do Not Approve

CVTA MOC Chairman Signature \_\_\_\_\_