



7000 S. Adams St., Suite 130, Willowbrook, IL 60527
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www.iltrucking.org

MOTOR CARRIER/PRIVATE CARRIER MEMBERSHIP APPLICATION

What percentage of your trailers are:

_____ Dry Van _____ Ref Van _____ Flat Bed _____ Other
_____ Tanks _____ Auto Trans _____ Heavy Equip. _____ Movers

Do you provide warehousing services? Yes No

Total number of trucks (owned or leased) in your fleet? _____

Do you use owner operators? Yes No If yes, how many? _____

DUES ARE PAID ANNUALLY

MOTOR CARRIER:

Gross Trucking Revenue	Dues	Gross Trucking Revenue	Dues
<input type="checkbox"/> 0– 250,000	\$300	<input type="checkbox"/> 4,000,01 – 5,000,000	\$1,050
<input type="checkbox"/> 250,001 – 500,000	\$400	<input type="checkbox"/> 5,000,001 – 10,000,000	\$1,250
<input type="checkbox"/> 500,001 – 1,000,000	\$500	<input type="checkbox"/> 10,000,001 – 15,000,000	\$1,500
<input type="checkbox"/> 1,000,001 – 2,000,000	\$600	<input type="checkbox"/> 15,000,001 – 20,000,000	\$1,750
<input type="checkbox"/> 2,000,001 – 3,000,000	\$750	<input type="checkbox"/> 20,000,000 – 30,000,000	\$2,000
<input type="checkbox"/> 3,000,001 – 4,000,000	\$900	<input type="checkbox"/> 30,000,001 +	\$2,200
<input type="checkbox"/> Supporting Member (School District, Municipality, etc.)			\$ 200

PRIVATE CARRIER:

Number of Power Units	Dues	Number of Power Units	Dues
<input type="checkbox"/> 1 to 40	\$500	<input type="checkbox"/> 76 to 100	\$ 800
<input type="checkbox"/> 41 to 50	\$600	<input type="checkbox"/> Over 100	\$1,000
<input type="checkbox"/> 51 to 75	\$800		

Name _____ **Title** _____

Company _____ **Phone (____)** _____

E-Mail Address _____ **Fax (____)** _____

Address _____ **DOT#** _____

City _____ **State** _____ **Zip** _____

Website Address _____ **Amount Enclosed \$** _____

Signature _____ **Date** _____