



SASKATCHEWAN TRUCKING ASSOCIATION
 1335 Wallace Street, Regina, SK S4N 3Z5 306-569-9696 Toll Free: 1-800-563-7623
 Fax: 306-569-1008

MEMBERSHIP APPLICATION FORM

CARRIER MEMBER FEE SCHEDULE

| | |
|--|------------------------|
| One to Four Drivers | \$ 218.00 Annual Fee |
| Five to Fourteen Drivers | \$ 436.00 Annual Fee |
| Fifteen to Twenty Nine Drivers | \$ 708.50 Annual Fee |
| Thirty to Ninety Nine Drivers | \$ 1,744.00 Annual Fee |
| One Hundred to Two Hundred Fifty Drivers | \$ 2,180.00 Annual Fee |
| Over Two Hundred and Fifty Drivers | \$ 3,052.00 Annual Fee |

ACTIVE ASSOCIATE TRADE MEMBER FEE SCHEDULE

| | |
|--|----------------------|
| Class A Members Five or More Employees | \$ 517.75 Annual Fee |
| Class B Members Four or Less Employees | \$ 408.75 Annual Fee |
| Class C Members Non Industry Related | \$ 218.00 Annual Fee |

| | |
|--|----------|
| Basic Fee: | \$ _____ |
| Extra Branch Mailing \$100.00: | \$ _____ |
| Add 5% GST: | \$ _____ |
| TOTAL PAYABLE YEAR 2008 MEMBERSHIP FEE: | \$ _____ |

The Membership year is from January 1st to December 31st in each calendar year.
 Payments appreciated by January 31st, for renewals.

Parent Company Name: _____

Primary Contact: _____ Position: _____

Street Address: _____ City: _____ Prov: ___ P/Code: _____

Postal Address: _____ City: _____ Prov: ___ P/Code: _____

Tel: _____ Fax: _____ Email: _____

Alternate Contact: _____ Position: _____

Tel: _____ Fax: _____ Email: _____

Carrier/Fleet Members – Number of Drivers: ____ (this includes employee drivers & owner operators of all companies)

AAT Members – Number of Employees ____

Additional Branch Mailing:

Primary Contact: _____ Position: _____

Street Address: _____ City: _____ Prov: ___ P/Code: _____

Postal Address: _____ City: _____ Prov: ___ P/Code: _____

Tel: _____ Fax: _____ Email: _____

Do you wish to have a link from the STA web site to your own? Yes or No

Website Address: _____

For Associate Trade Members, under which category would you like to have your link? (Circle all that apply)

- Truck Equipment & Parts/ Truck Dealers/ Trade Media/ Tires/ Consulting /Legal/ Hotels/ Office/
 Truck Repairs & Towing/ Insurance/ Communications/ Safety Training /Oil Companies/ Non-Industry/
 Financial-Group Benefits/ Other/*



MEMBERSHIP PROFILE FORM

Please take a moment to complete the following Membership Profile information. This information is used to help better serve our Members.

Company Name: _____

Primary Contact: _____ Position/Title: _____

Direct Phone Number: _____ Email: _____

TO UPDATE OUR MEMBER PROFILES PLEASE " X " WHERE APPLICABLE

| | | | | |
|--------------------------------------|--|--|--|---|
| Intra-Prov. <input type="checkbox"/> | Building Movers <input type="checkbox"/> | General Merchandise <input type="checkbox"/> | Live Animal <input type="checkbox"/> | Radio Active Materials <input type="checkbox"/> |
| Extra-Prov <input type="checkbox"/> | Compressed Gases <input type="checkbox"/> | Grain Haul <input type="checkbox"/> | Liquid Bulk <input type="checkbox"/> | Reefer Service <input type="checkbox"/> |
| USA <input type="checkbox"/> | Container/Chassis <input type="checkbox"/> | Gravel Haul <input type="checkbox"/> | Log/Pulp <input type="checkbox"/> | Towing <input type="checkbox"/> |
| | Dangerous Goods <input type="checkbox"/> | Hazardous Waste <input type="checkbox"/> | Passenger <input type="checkbox"/> | Vehicle Haul <input type="checkbox"/> |
| | Dry Bulk <input type="checkbox"/> | Heated Service <input type="checkbox"/> | Petroleum <input type="checkbox"/> | Well Servicing <input type="checkbox"/> |
| | Dry Van <input type="checkbox"/> | Heavy Haul <input type="checkbox"/> | Pilot Service <input type="checkbox"/> | |
| | Flat Deck <input type="checkbox"/> | Household Goods <input type="checkbox"/> | Poultry <input type="checkbox"/> | LCV Holder <input type="checkbox"/> |

Other: (please specify) _____

Associate Trades & Non-Industry Related Members, please tell us the areas of service & or supply related to your business:

The following pertains to training issues:

Training/Safety Contact: _____

Direct Phone Number: _____ Email: _____

Please indicate your training practices:

In-house training taught:

- Hours of Service/Log Book (HOS)
- Professional Driver Improvement Course (PDIC)
- Transportation of Dangerous Goods (TDG)
- Workplace Hazardous Materials (WHMIS)
- Forklift Safety
- Long Combination Vehicle (LCV)
- Cargo/Load Securement
- Safe Operation of Dumping Equipment (SODE)
- Air Brakes & Air Brake Adjustments
- Train the Trainer for any of the above courses
- Truck Driver Training

Out sourced training required:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Were you aware that the STA offers these various training courses? Y or N

Has your company used the training services of Commercial Truck Services (CTS), the training division of STA? Y or N

What other training course would you like CTS to offer? _____

Do you or would you be willing to hire new drivers straight out of Truck Driver Training? Y or N



Highway Agencies Ltd. is a wholly owned subsidiary of the Saskatchewan Trucking Association. It was formed in 1955 to assist the trucking industry in obtaining adequate insurance coverage for their operations. Specializing in commercial auto liability, cargo insurance and transportation consulting. Highway Agencies Ltd. has become the leading brokerage in Saskatchewan for transportation coverage.

Were you aware that Highway Agencies Ltd. was a division of the STA? Y or N

Did you know that Highway Agencies could provide you with auto, commercial, home, farm/agro, transportation, cargo, travel, health insurance, license issuer, and photo ID. Y or N

Would you like to be contacted by a representative of Highway Agencies Ltd. Y or N