

# TIA MEMBERSHIP APPLICATION

DEALERS / RETREADERS / RECYCLERS



www.tireindustry.org • 800.876.8372

## I. CONTACT INFORMATION

Name \_\_\_\_\_ Company \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_ Web Site \_\_\_\_\_

## II. COMPANY INFORMATION

My company is: ☐ Independently Owned ☐ Franchise Number of full-time employees: \_\_\_\_\_  
Company description: ☐ Single Location ☐ Local Headquarters with 2 to 5 Stores  
☐ Regional Headquarters with 6 to 10 Stores ☐ National Headquarters with 10+ Stores

## III. MARKET *(Select the market you represent.)*

☐ Commercial ☐ Retail ☐ Retread/Repair ☐ Recycling ☐ OTR

## IV. MARKET CATEGORY *(Select all the market categories that apply to your primary business.)*

☐ Agricultural/Farm ☐ Fleet/Municipality ☐ Manufacturer ☐ Retreader  
☐ Automotive Repair ☐ Industrial ☐ Marketer/Consultant ☐ Truck Stop/Travel Plaza  
☐ Dealer ☐ Industry Supplier ☐ Recycler ☐ Wholesaler/Distributor

## V. ANNUAL MEMBERSHIP DUES *(TIA Membership Year is July 1 to June 30.)*

**Dues are based upon annual sales volume of a headquarters location and the number of additional branch locations.**

- ☐ \$0 - \$750,000 in annual sales .....\$295 annual dues  
☐ \$750,000 - \$3 million in annual sales .....\$595 annual dues  
☐ \$3 million - \$5 million in annual sales .....\$845 annual dues  
☐ \$5 million - \$10 million in annual sales .....\$1,150 annual dues  
☐ \$10 million - \$20 million in annual sales .....\$2,250 annual dues  
☐ Over \$20 million in annual sales .....\$3,350 annual dues  
☐ Additional locations/branches \_\_\_\_\_ x \$125 each = .....\$\_\_\_\_\_ annual dues

**Total Annual TIA Membership Dues = .....\$\_\_\_\_\_**

## VI. METHOD OF PAYMENT

☐ Check (Make payable to TIA) ☐ Invoice me. My company's PO authorization number for this transaction is \_\_\_\_\_  
☐ VISA ☐ MasterCard ☐ AMEX  
Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_  
Card Holder Name \_\_\_\_\_ Card Holder Signature \_\_\_\_\_  
(Please print) ☐ Checking this box represents my electronic signature  
Cardholder Billing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
(If different from above)