

*MID ATLANTIC  
PROFESSIONAL TRUCK DRIVERS ASSOCIATION*

APPLICATION FOR MEMBERSHIP

DRIVER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ SPOUSE'S NAME \_\_\_\_\_

EMPLOYER \_\_\_\_\_  
\_\_\_\_\_

YEARS IN TRUCKING INDUSTRY \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SHIRT SIZE – DRIVER \_\_\_\_\_ SPOUSE \_\_\_\_\_

DUES ARE \$20.00 PER YEAR.  
PLEASE MAKE CHECK PAYABLE TO MAPTDA  
MAIL TO:  
HAROLD SNYDER  
809 KINGSWAY DRIVE  
KING, NC 27021