

**ASSOCIATED TRANSPORTERS OF NEW YORK, INC.
1134 NYS ROUTE 13
CORTLAND, NEW YORK 13045**

MEMBERSHIP APPLICATION & ENROLLMENT FORM

ENTITY NAME _____

PRESIDENT NAME _____

ADDRESS _____

BUSINESS PHONE _____ CELL PHONE _____

EMAIL _____ FAX _____

(MEMBERSHIP DUES OF \$125 MUST ACCOMPANY THIS APPLICATION)

- 1) Years in Business ? _____
- 2) Is your firm affiliated with any other business? _____
- 3) Do you belong to any other Transportation Association?
If yes, what Association? _____
- 4) Does your firm perform vehicle repair work for others? _____
- 5) Do you employ people that DO NOT reside in NY? _____
- 6) Do you obtain Motor Vehicle Reports for all drivers? _____
- 7) Name of your current Liability & Physical Damage carrier? _____
- 8) Federal Employer's Identification number _____
- 9) Number of employees? _____
- 10) Unemployment Identification Number _____

Do you have any drivers you consider "Independent Owner/Operators" or "Independent Contractors"? _____

If yes, are you aware of the NY Workers' Compensation Insurance Law regarding Workers' Compensation Insurance Coverage pertaining to said "contractors"? Yes _____ No _____

If no, call our office immediately upon joining Safety Group 524 for an explanation.

Date _____

Signature