



Application to DSTA

DSTA Transportation Club

I hereby make application for membership in the Duluth Superior Transportation Association. I am enclosing \$_____ to cover dues for the current year. (**Yearly dues are \$40.00 per person**). **OPTIONAL** I am enclosing an additional \$20.00 for a link to my company's web site on DSTA's Links page OR \$100.00 for a link on the DSTA's home page.

Please send signed application and payment to:

DSTA membership, 1210 Port Terminal Drive, Duluth, MN 55802

PLEASE PRINT

Name _____ Title: _____

Date: _____

Telephone: cell () _____ home () _____ work () _____

Firm Name: _____

Your Street Address : _____ City: _____

Zip: _____

Name of Spouse: _____ (required if you are enrolling spouse)

Title _____ Firm _____

Telephone: () _____

City: _____ Zip: _____

Sponsored By: _____

Firm: _____

My Application qualifies me for membership under the Constitution and By-Laws of the DSTA.

Signature of Applicant (s) _____

MAIL with check to DSTA ADDRESS listed above

Please choose username: _____ password: _____

Email for password verification: _____ (for members only web access)

-(Do not write below this line)-

For D.S.T.A. Use only...

Date approved: _____ per _____ Membership
Chairmen

per _____

Secretary, FTC

Classification: _____ (To be determined by Board)

Membership verification mailed: _____