



# Regular Member Application

Use this application if you perform the usual and customary duties of a fleet manager.  
(If you are engaged in the sale, lease and/or rental of products or services for or relating to motor vehicle management, complete the Associate application.)

Name: \_\_\_\_\_  
Mr./Mrs./Ms. First Middle Last Suffix

Title: \_\_\_\_\_

Employer: \_\_\_\_\_

**Preferred contact**  
 Work  
 Home

<b>Work Contact Information</b>	<b>Home Contact Information</b>
Address 1: _____	Address 1: _____
Address 2: _____	Address 2: _____
City: _____ State: _____	City: _____ State: _____
Zip/Postal Code: _____ Country: _____	Zip/Postal Code: _____ Country: _____
Telephone: _____	Cell # _____
Work E-mail: _____	Personal E-mail: _____

### Employer's lines of work (Select 1 for primary and 2 and/or 3 for the next appropriate categories)

<b>Corporate</b> <input type="checkbox"/> Construction <input type="checkbox"/> Consumer Products/Manufacturing <input type="checkbox"/> Global Fleet <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Transportation <input type="checkbox"/> Other Corporate	<b>Government</b> <input type="checkbox"/> Federal <input type="checkbox"/> State/Provincial <input type="checkbox"/> Municipal/Local <input type="checkbox"/> Other Gov't	<b>Public Safety</b> <input type="checkbox"/> Ambulance/EMT <input type="checkbox"/> Fire <input type="checkbox"/> Police <input type="checkbox"/> Hospital/Healthcare <input type="checkbox"/> Other Public Safety	<b>Utility</b> <input type="checkbox"/> Utility Fleets <input type="checkbox"/> Telecom Fleets <input type="checkbox"/> Other Utility	<b>Education/Nonprofit</b> <input type="checkbox"/> University <input type="checkbox"/> K-12 System <input type="checkbox"/> Nonprofit
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### Fleet Demographics

<b>Size of Fleet</b> <input type="checkbox"/> Less than 250 vehicles <input type="checkbox"/> 250-500 vehicles <input type="checkbox"/> 501-1000 vehicles <input type="checkbox"/> 1001-2500 vehicles <input type="checkbox"/> More than 2500 vehicles <input type="checkbox"/> More than 2500 vehicles	<b>Budget</b> <input type="checkbox"/> Less than \$500K <input type="checkbox"/> \$500K-1M <input type="checkbox"/> \$1M-5M <input type="checkbox"/> \$5M-10M <input type="checkbox"/> \$10M-50M <input type="checkbox"/> More than \$50M	<b>Number of Vehicles</b> <input type="checkbox"/> Light: cars & vans <10K lbs. <input type="checkbox"/> Medium: box trucks 10K-26 lbs. <input type="checkbox"/> Heavy Duty: >26K lbs. <input type="checkbox"/> %of fleet that is electric
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### Payment

Make check payable to NAFA Fleet Management Association. Mail payment with application to: NAFA, PO Box 412963, Boston, MA 02241-2963 or fax to 609.452.8004 or email to [membership@nafa.org](mailto:membership@nafa.org)

American Express     MasterCard     Visa

Card Number:

\_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

<b>Membership Dues</b> <input type="checkbox"/> <b>US Member:</b> \$499.00 <input type="checkbox"/> <b>Canada Member:</b> \$499.00 (plus applicable taxes) <input type="checkbox"/> <b>Int'l Member:</b> \$749.00
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Membership is for 12 months, must be paid in U.S. funds and billed annually on an anniversary-date basis.  
(If other individuals from your company are members, contact NAFA for group rates.)