



Motor Carrier Insurance Education Foundation

## **APPLICATION FOR MEMBERSHIP**

### **Membership Type**

- ☐ Insurance Company
- ☐ Wholesale – Multiple Locations
- ☐ Wholesale – Single Location
- ☐ Retail Agency – Multiple Locations
- ☐ Retail Agency – Single Location
- ☐ Vendor

**Business Name:**

Contact Person:

Position:

Email:

Phone:

  
  
  

Business Address:

  
  

# of locations:

# of employees  
involved in  
transportation:

**MCIEF MEMBERSHIP DUES PAYMENT INFORMATION:**

**Payment due at time of application**

**Membership year – January 1 through December 31**

**Renewals due by February 1**

Type of Subscribing Member	Annual Dues
Insurance Company	\$2,750
Wholesale – Multiple Locations	\$2,750
Wholesale – Single Location	\$1,500
Retail Agency – Multiple Locations	\$2,500
Retail Agency – Single Location	\$1,000
Vendor	\$1,000

Make check(s) payable to: ***Motor Carrier Insurance Education Foundation (MCIEF)***  
*PO Box 2030*  
*Ft. Myers FL 33902*

If you have any questions call 800-741-4084  
or email us at [trs@mcief.org](mailto:trs@mcief.org)