



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