



TRUCKS FOR CHANGE NETWORK™
CARRIER MEMBERSHIP APPLICATION AND AGREEMENT

Please complete, scan, and email to Betsy Sharples at: betsy@trucksforchange.org

Company Name			Website Address		
Street Address		City/Town	Prov./State	PC/Zip	Fax No.
Executive Contact Name		Position:			
Business Phone No./Ext.	Mobile Phone No.		Email Address		
Operations Contact Name		Position			
Business Phone No./Ext.	Mobile Phone No.		Email Address		
Business Services Offered (Please check all that apply) <input type="checkbox"/> Truckload Carrier <input type="checkbox"/> LTL Carrier <input type="checkbox"/> Dedicated Cartage <input type="checkbox"/> Warehousing/Cross Docking <input type="checkbox"/> Equipment Rental <input type="checkbox"/> Other Specialized Services (please describe)					
Equipment (Please check all that apply) <input type="checkbox"/> Dry Vans <input type="checkbox"/> Refrigerated Vans <input type="checkbox"/> Flatbed <input type="checkbox"/> Straight Trucks <input type="checkbox"/> Other (please describe)					
			Total Fleet Count		
			Power Units:	Trailers:	
Terminal Locations (please list cities)			Warehouse/Cross Dock Locations (please list cities)		
_____			_____		
_____			_____		
_____			_____		
_____			_____		
_____			_____		
Geographic Area and Key Corridors Serviced (please describe)					
List the corridors and days of the week in which you are <i>MOST LIKELY</i> to be able to accommodate charity freight capacity					
NSC Certificate/CVOR#		Provincial Operating Authorities (Please list)			

U.S. DOT #		_____			



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I authorize *Trucks For Change Network Inc.* to be named as an insurance Certificate Holder for notification purposes
(Note: this is not a request to be named as an insured party, but rather for notification of policy changes only)

Insurance Company		Insurance Broker	
Policy No.	Expiry Date (yyyy/mm/dd)	Broker Telephone No./Ext.	

Please identify and list the names of individuals authorized to review charity freight requests and to respond with rate offers:

Name	Position	Phone	Email Address

Membership Agreement

Trucks For Change Network Inc. (the “Company”) is a not-for-profit corporation which provides information and administrative services designed to match offers of service from its member trucking firms (the “Members”) with service requests from its client charitable organizations (the “Clients”).

The undersigned (representing the “Member”) acknowledges and agrees with the following conditions of Membership:

- (a) To pay the annual Membership Fee (currently \$300.00) in accordance with the Company’s by-laws, and to comply with the requirements of Membership.
- (b) To supply to the Company donated and discounted service rates which it wishes to offer against Client requests posted or delivered to the Member from time to time.
- (c) That the Company is authorized to share such service rates with the Clients for whom they are intended.
- (d) That the Member is under no legal obligation to provide offers of service to the Company or its Clients.
- (e) To perform services which are subsequently accepted by a Client at the rates offered, and in a professional and satisfactory manner to the best of its ability.
- (f) To use its best efforts to keep strictly confidential any and all proprietary and confidential information received through the Company regarding its Clients, their service requirements and their business affairs.
- (g) That the Company is not authorized to act on behalf of the Member.
- (h) That all commercial services performed for Clients are enforceable under separate commercial agreements made directly between the Member and the Clients.
- (i) That the Company will not be held directly or indirectly liable, and will be indemnified by the Member for any and all losses, damages, or costs related to its commercial agreements with the Clients.
- (j) This agreement will remain in full effect unless and until terminated by either party by providing written notice to the other party.

I authorize the use of my company’s name and logo on the *Trucks For Change Network Inc.* website: Yes No

 Full Company Name (the “Member”)

 Date

 Name and Title (please print)

 Signature (I have the authority to bind the company)

Membership application approved by:

 Executive Director, Trucks For Change Network, Inc.

For Administrative Use Only	
_____	_____
Date	Fiscal Year