



# New England Livery Association

A unified voice for the livery industry of New England

## Operator Membership Application

### I General Information (Please print clearly, and exactly as you wish the information to appear on our Web Site)

Company Name			
Contact Person			
Address 1			
Address2			
City	State:	Zip:	
Phone 1	Phone 2		
Fax			
E-Mail			
Website			

### II Vehicle Information (Please indicate number of each type of vehicle in your fleet)

Sedans		Hearses	
4-6 Passenger Limos		16-29 Passenger Busses	
8-10 Passenger Limos		29-53 Passenger Busses	
6-8 Passenger Vans		Wheelchair / HC accessible vehicles	
10-15 Passenger Vans		Other:	

### III Permits

My Company has a U.S. DOT number: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, my U.S. DOT # is: _____
My Company meets appropriate City/State License and Insurance Requirements. <input type="checkbox"/> Yes <input type="checkbox"/> No	
My Company possesses appropriate and required airport permits. <input type="checkbox"/> Yes <input type="checkbox"/> No	

### IV Operator Membership Schedule

Fleet Size	Quarterly	Annually
1 – 5 Vehicles	\$ 45.00	\$180.00
6 -10 Vehicles	\$ 60.00	\$240.00
11-15 Vehicles	\$ 75.00	\$300.00
16-20 Vehicles	\$ 90.00	\$360.00
21-30 Vehicles	\$105.00	\$420.00
31-49 Vehicles	\$120.00	\$480.00
50+ Vehicles	\$180.00	\$720.00
Membership dues and contributions are tax deductible to the extent permitted by the law		

**Payment** – The NELA gladly accepts: American Express, Discover, MasterCard, & VISA

Indicate Membership Level: \_\_\_\_\_

Select payment plan:

Quarterly  Annually

**Please complete a Recurring Payment Authorization Form (attached)**

Please state briefly why you wish to join the NELA: \_\_\_\_\_

Referred by: \_\_\_\_\_

I certify that the information presented in this application is true and accurate: \_\_\_\_\_

Authorized Signature

Title

Date

**Mail: PO Box 842 Durham, NH 03824 Web Site: [www.nelivery.org](http://www.nelivery.org)  
Voice: (866) 736-6352 Fax: (603) 868-7859 Email: [info@nelivery.org](mailto:info@nelivery.org)**

Forms/Application Forms-Oper&Aff/Operator Membership Application

## Recurring Payment Authorization Form

Please complete this form to authorize recurring billing of your New England Livery Association membership dues. Upon receipt of your approval, we will automatically bill your credit card as indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by providing us 30 days written notice that you are terminating membership. Remember to keep a copy of this form for your records.

member info

### Member Information (please print or type)

Company \_\_\_\_\_  
Contact name \_\_\_\_\_ Phone \_\_\_\_\_  
Email address \_\_\_\_\_

payment info

### Payment Information

I authorize New England Livery Association, Inc. to automatically bill the card listed below as specified.

Product/service description: Membership Dues

#### Frequency (check one)

Recurring amount: \_\_\_\_\_  Quarterly **OR** Recurring amount: \_\_\_\_\_  Annually

Start on: \_\_\_\_\_ Quarterly billing to continue on the 15th of the first month of each quarter. (Jan, Apr, Jul, Oct)  
Annual billing to continue on the 15th of the first month of membership year.

End billing: Member will provide 30 days written notice of membership termination.

credit card info

### Credit Card Information ( please print or type)

Card type  MasterCard  VISA  Discover  American Express

Cardholder name (as shown on card) \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_  
Credit card billing address

Card number \_\_\_\_\_ Expires \_\_\_\_/\_\_\_\_

You will be notified via email when your credit card is charged.

\_\_\_\_\_  
Customer's signature Date

**Print, sign and return form via US mail or FAX. No emails please. Keep copy for your records.**