



THIS SPACE FOR OFFICE USE ONLY (V.5-03/09)

Date rec'd in acctg. _____

Amt. _____

New member I.D. # _____

LTAA COUNCIL APPLICATION

or join online at www.sema.org/LTAA

Please note: Your company must be a SEMA Member to join LTAA.

Company Name _____

Council Contact Information

Contact Name _____

E-mail _____

Street Address _____

City _____ State _____

Postal Code (ZIP) _____ Country _____

Telephone _____ Fax _____

Company Website _____

Light Truck Accessory Alliance (LTAA)

Check the category that best describes your business:

- All categories (except truck/car clubs) \$100
- Truck/car club \$50

Who should we thank for referring your company to the LTAA Council?

Referred by _____

Company Name _____

Council Affiliation Dues \$ _____

Check or money order enclosed payable to SEMA (U.S. dollars).

Circle one: VISA MasterCard American Express

Credit Card # _____ Exp. Date ____/____/____

CVV # (required) * _____

***VISA/MasterCard:** The last three digits of the card number printed in the signature space on the back of the card.
 ***American Express:** The four digit number printed above and to the right of the raised number on the front of the card.

Cardholder's Name _____

Cardholder's Billing Address _____

City _____ State _____ Postal Code (ZIP) _____

Signature _____

Membership and council dues are nonrefundable and are subject to change without notice.