



2024 APPLICATION FOR MEMBERSHIP

Truckers Association of Nova Scotia
 350 White Rock Rd., Canaan NS B4N 4K1
 902-899-6591 contact@tans.ca www.tans.ca

IMPORTANT INFORMATION – READ BEFORE COMPLETING THIS FORM

Sections A and B must be completed in full, the required signatures in Section C and D. Section B documents and membership dues submitted to the Local County Branch by no later than February 15, 2024 for pre-approval of the applicant to be considered for membership in TANS.

Section A
Complete (cross out & revise any incorrect information.)

A - Applicant's Information <i>Individual or Business name registered with RJSC</i>		COUNTY:		Member # Or New	
Company Name:				Designated Company Representative	
Company Owner: <i>(holds controlling interest – proof may be requested)</i>					
Civic Address <i>(of individual or business)</i>					
Mailing Address <i>(if different then above)</i>					
Email Address:					
Home Phone #		Cell Phone #		Fax #	
Mandatory Member Benevolent Plan	Name of participant			Optional Spousal Coverage – Name of Spouse	
Beneficiary(s)		/			

Section B
Must be fully completed.

B - Truck Information - All Trucks <i>If more space is required, attach a separate sheet.</i>				<i>Only trucks listed for which fees have been paid are registered for dispatch. A copy of the (1) Commercial Vehicle Permit per vin/unit with a minimum registered weight of 13,500 kg within 1 year.</i>		
#	Year	Make	Model	Type of Truck	Registered Weight	Plate #
1						
2						
3						
4						
5						

Put Additional Truck Information on Supplementary sheet

A copy of current WCB Safety Certification, WCB Letter of Good Standing & Vehicle Liability Insurance.

Operator / Driver Required Information to County

Driver's name a copy of current WHMIS and Recognized First Aid training **must be provided** to the Local County dispatcher **BEFORE** being dispatched. Any changes during the Membership Year must be provided **BEFORE** dispatched.

Sections C and D
All Signatures are Required.

By signing below, the Applicant acknowledges and agrees that: (1) The information provided on this Application form and on all documents accompanying it is in all respects complete and accurate; (2) As an approved member in TANS, you are responsible for ensuring that you and your drivers review, understand and at all times abide by TANS By-laws, policies, procedures, rules and regulations as written and amended from time to time; and (3) You consent to the use of your contact information by your Local County Branch and TANS in the administration of membership benefits, information and materials and by TANS Associate Trade Members in the marketing, promotion and sale of their products and services to TANS members.

C - Applicant's Signature <i>Applicant ONLY must sign and date</i>	X	
	<i>Print Name</i>	<i>Signature</i>
	<i>Date</i>	

D – Pre-Approved by Local County President, Signature <i>President ONLY must sign confirming eligibility for membership.</i>	X	
	<i>Signature</i>	<i>Date</i>

TANS Use Only	Date Received	Application Complete	Yes	No	Membership Approved		
						<i>Date</i>	<i>Initials</i>