Moving & Storage Membership Application

Since the actions of one company can affect the reputation of the entire industry, as a condition of membership, all members of the PMSA must agree to abide by an enforceable code of conduct. The membership committee review of applications will include research of complaint history with regulatory and consumer agencies, and solicitation of comments from existing members.
If admitted to membership, applicant agrees and promises to pay the annual membership dues in a timely manner, abide by the bylaws and other policies and procedures as prescribed by the Board of Directors, subscribe to the Association's Code of Ethics, and conduct business in an ethical manner consistent with the laws of the State of Pennsylvania and the United States of America, or any subdivision thereof. Failure to meet these obligations may result in suspension or termination of membership and forfeiture of all membership services.
(**Membership will be on probationary status for one year.)**

Company Name_____

PA License # _____ DOT # _____

Type of Company: ○Sole Proprietorship ○Partnership ○Corporation

Names of all owners, partners or officers_____

Name of on-site general manager: _____

Mailing address _____ Physical location _____

_____ (if different from mailing) _____

Phone _____ Fax _____

E-mail _____ Website _____

Number of Interstate Tractors _____ Trailers _____ Straight trucks _____ Vans _____

Do you operate a property warehouse in PA? Yes No Self-Storage? Yes No

Do you operate a record storage facility? Yes No

List any other states you conduct transportation or storage for hire_____

List any van line affiliations _____

List any additional interstate licenses _____

Services provided: ○Household Goods ○Office/Industrial ○General freight

No services will be provided until application is approved. Please return this completed application form along with one year's dues, and proof of workmen's compensation insurance.

The undersigned warrants, represents, and promises that the information included with the application is true, accurate, and complete to the best of the applicant's knowledge and belief and further promises to uphold the Association's membership requirement. I consent to receive communications sent by, or on behalf of PMSA and its subsidiaries and affiliates concerning PMSA programs, services, and activities via fax, E-mail, telephone, regular mail, or any other medium.

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Signature of owner or authorized representative