



MEMBERSHIP APPLICATION \$50-\$150 SAVINGS * LIMITED TIME OFFER

| Company Name: | | | | |
|---|---------------------------|--------------------------------|------------------------------------|--|
| Contact: | | | | |
| Mailing Address: | | | | |
| City: | State: | ZIP: | | |
| Phone: Mobile*: | | Fax: | | |
| Email: | Web Address: | Web Address: | | |
| * Include if you would like to receive text remi | nders of LANJ general mee | tings (only) | | |
| Credit Card: (VISA, MC, Amex, Discover) | | | | |
| xpiration Date: Security Code: | | | | |
| Payment Options (choose one): | | | | |
| Pay by credit card with 12 automatic | c payment deductio | ons (one per mon | th each year) | |
| Pay in full for one year by check (pay | yable to LANJ) or cr | edit card | | |
| Signature: | Date: | | | |
| *********** | ******* | ****** | ****** | |
| | OPERATORS | | | |
| 1. Indicate total number and chec | k off all vehicle typ | es in your fleet. | | |
| Number O Sedan O Van O Stretch O Bus O SUV O Sprinter O Specialty O Wheelchair Accessible O Hybrid | | | | |
| 2. Indicate: a) My USDOT # is | b) | _ I do not have a I | JSDOT #. | |
| 3. LANJ requires proof of your cor | | | | |
| Please attach a copy of your mu application or email a copy | | _ | to this | |
| ************************************** | _ | - 0 | ***** | |
| DISCLAIMER | ME | MBERSHIP D | UES | |
| * Unless and until this agreement is cancelled, the memb | er Ope | Operators (Yearly/Monthly) | | |
| hereby authorizes LANJ to charge member's credit card | • | , ,, | LIMITED | |
| monthly to pay for the ongoing annual cost of membersh | | | TIME OFFER | |
| * Unless and until this agreement is cancelled, the memb authorizes LANI to automatically renew on a recurring b | | \$150/\$12.50 | \$150*/\$12.50* \$150*/\$12.50* | |
| for the original term upon expiration of the current term | | \$250/\$20.83 \$310/\$25.83 | \$150*/\$12.50* \$210*/\$17.50* | |
| * If the member wishes to cancel membership, they must | | • | \$350*/\$29.17* | |
| before their membership expiration date. They must no | | - | \$800*/\$66.67* | |
| LANJ prior to the start of the next month's membership of | | - | \$1900*/\$158.33* | |
| billing cycle. LANJ then will cancel the membership at th | | | \$2900*/\$241.67* | |
| end of the current billing cycle. To cancel, send an email | | , | , , | |
| patricia.nelson103@gmail.com. Affiliates (Yearly/Monthly) | | | | |
| * Pro ratas and refunds are NOT available once billing ha | | \$500/\$41.66 | \$500**/\$41.66** | |
| started for the current term. | * Less \$50 gift | , , | Less \$100 gift card | |
| ***************** | | | | |