



Western Washington Taxi Operators Association
Membership Application Form

Your "For Hire" License number. This will be your membership number: _____

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Main Phone Number: (_____) – _____ – _____ Cell Home

Would you like to sign up for text message alerts? Yes No

If Yes, what is your cell phone number: (_____) – _____ – _____

(Check ONE box only): Owner Lease Driver

Dispatch Company *(Check ONE box only):*

Yellow Airport Yellow Orange Farwest Wheelchair

Cab Number: _____

I, the undersigned, hereby apply for membership in the Western Washington Taxi Operators Association, (Association). If admitted to membership, I agree to abide by the By-Laws of the Association. I will faithfully perform all the duties assigned to me to the best of my ability. I will conduct myself at all times in a manner as not to bring reproach upon my Association.

I understand that to remain a member in good standing that I must be current in my monthly dues and that failure to pay my monthly dues will result in my membership and privileges being revoked.

I will never knowingly harm a fellow member, and I will never discriminate against a fellow driver on account of race, religion, sex, age, physical ability, sexual orientation, or national origin.

Signature: _____ Date: _____

