

CHAUFFEUR LICENSE HOLDERS General Membership Application

Applicant Information

First Name:	Middle Name:	Last Name:
Male <input type="checkbox"/> Female <input type="checkbox"/>	Lease Driver: Yes <input type="checkbox"/> No <input type="checkbox"/>	Chauffeur No: Driver's License No:
Current Address:		
City:	State:	ZIP Code:
Cell Phone:	e-mail:	Home/Other Phone:

Statistical Information (optional)

U.S Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Birth:	Native Language:
Registered to Vote: Yes <input type="checkbox"/> No <input type="checkbox"/>	Birthplace:	
Are you a medallion owner? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what is the medallion number?		
How long have you driven a cab? _____ Years		
Do you have experience in any activities for human rights, or any activist history such as mentioned in our mission statement? If yes, please give a brief description of your experience:		

Emergency Contact

Emergency Contact (relative or friend):	Phone Number:
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Summary of Mission Statement and code of conduct

UTCC is a not-for-profit organization. Its mission is to increase the prestige of the taxi driving profession through community service, education, and awareness, and to work towards the economic progress and improved social welfare of taxi drivers, their families, and their communities by providing assistance in enforcing their rights, including civil, political, social, economic, legal, and human rights.

- UTCC members will reflect the highest possible customer service standards without prejudice.
- UTCC members will stand united behind its mission and promote membership for mutual benefit.
- UTCC members will adhere to all laws of the nation and its democratic principles.

Signature

By signing below, I acknowledge that I have read and understand UTCC's Mission and Code of Conduct, and agree to uphold the principles and values of equality, justice, unity and honesty for the UTCC's mission.

I authorize the verification of the information provided on this form and I hereby declare the foregoing information to be true. I have received a copy of this application: Yes No

Signature of applicant:	Date:
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Yearly membership fee: \$120.00

I would like to enclose a tax deductible contribution of \$_____ to the Taxi Drivers Legal Fund Account

Payment Type: check <input type="checkbox"/> credit card <input type="checkbox"/> money order <input type="checkbox"/> cash <input type="checkbox"/>
Received by: _____ Amount Received: \$ _____ Verified by: _____ Receipt Number: _____

