



Benefits from your KLA membership will impact your company positively and significantly.

• You'll Attract New Business

You will receive a free listing on the KLA's website.

• You'll Save Money

The KLA is developing discount programs on items and services that you use in your business.

• You'll Learn How to Do It Better

Get clarification on state and local issues affecting our industry.

• You'll Be Heard Where It Counts

The KLA gives every single member company the political right of many. The KLA stays on top of the issues that directly impact limousine enterprise.

• You'll Bear the KLA Seal

You'll confirm that you stand with the very best in the industry wherever you display the KLA seal of membership.

2008 Associate Membership Dues - \$100

Join Today!

Kentucky Limousine Association
4403 Kiln Court
Louisville, Kentucky 40218
502-458-1862

Kentucky Limousine Association Associate Membership Application 2008

Company Name _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Toll Free _____

Fax _____ Email _____

Web Address _____

What type of business do you have? _____

What Kentucky cities do you service?

Are you a member of any other limousine associations?

Yes _____ No _____

List _____

Payment is accepted by check or money order in U.S. Funds

Check # _____ Amount _____

Code of Ethics

As an associate member of the KLA, I shall pledge to observe the KLA's high standards with honesty, integrity and responsibility. I shall uphold and abide by all laws and regulations of the ground transportation industry. I shall pledge to promote and protect the interests of the client. I shall, if charged with unethical practices, aid investigation and not obstruct process. I shall not disparage the business practice of a competitor. I shall not restrain or suppress competition. By applying for membership and signing this application, I agree to abide by the Code of Ethics as a KLA member. By signature, as the authorized representative, indicates I have the legal authority to provide the service listed above and upon request will present the appropriate documentation.

Signature _____ Date _____