

•SAFTA Application for Membership

• Complete the application, and return it to: (info@safta.net); When your membership is approved by the Board of SAFTA your yearly Full Members dues are \$250 per Calendar year & a \$5-\$20 per lunch scheduling fee and \$25 for Special events we book your truck for through the Marketing arm of the Association. The Associate Membership is \$150 per year and you can take advantage of all the Association benefits except the Marketing Arm.

• Please attach a photo copy of your current Mobile Vending License, Fire Permit , & PROOF OF Liability Insurance & a copy of your current menu

• Legal Name of Business: _____

• DBA: _____

• EIN Number: _____

• Sales Tax #: _____

• Address: _____ City: _____ State: _____ Zip: _____

• Primary Contact: _____ Phone: _____

• Fax: _____

• Business Email: _____ Website: _____

Facebook Page: _____ Twitter Page: _____ Instagram: _____

• Official Meting Representatives:

• Name: _____ Title: _____

• Email: _____

• Name: _____ Title: _____

• Email: _____

• Your Sponsoring Member of SAFTA: _____ Members Truck Name _____

• 2 References, do not list family members. Name _____ Relationship: _____ Phone # _____

Name _____ Relationship: _____ Phone # _____

Food Types (Regular Menu)

• Appetizers if any: _____

• Types of Drinks: _____

• Entrée: _____

• Desserts: _____

I have read and understand the associations (by-laws and San Antonio’s current food truck regulations. I hereby agree to the association’s Code of Conduct, Code of Ethics & Participation Policy, and 2018 Dues Schedule. Membership Dues are per Calendar year.

Initials _____ Date: _____ • Signature of Primary Owner: _____