



# Canadian Association of Fleet Supervisors

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## Million Mile Club™

### Application for Enrolment

**SPONSORING COMPANY:** \_\_\_\_\_

Address \_\_\_\_\_ Postal Code: \_\_\_\_\_

**NAME OF NOMINEE** \_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Work: \_\_\_\_\_ Home: \_\_\_\_\_ DRIVER'S LIC. # \_\_\_\_\_

Date of Employment with Present Employer: \_\_\_\_\_

Job Description \_\_\_\_\_  
\_\_\_\_\_

Names and Addresses of Previous Employers:

Employer \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Job Description \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Job Description \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Job Description \_\_\_\_\_  
\_\_\_\_\_

**A copy of driver's abstract to accompany application.**

**PLEASE NOTE:**

The nominee must have 1,000,000 miles or 20 years of (preventable) accident free commercial driving. The mileage or years need not be consecutive. However, any "at-fault" accident within that time period would disqualify the applicant. If there were any periods in excess of 90 days of non-driving time in the last 20 years, please state the period(s).

Is the nominee enrolled in a safe driver awards program? Yes\_\_\_\_\_No\_\_\_\_\_

If yes, what rules are used?

B.C. Professional Driver Award: \_\_\_\_\_

National Safety Council: \_\_\_\_\_

Company: \_\_\_\_\_

Other: \_\_\_\_\_

If no, explain how records are kept and provide records: \_\_\_\_\_

**The sponsoring company agrees that to the best of his knowledge, the applicant has attained 1,000,000 miles or 20 years of (preventable) accident free commercial driving.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Official's Title: \_\_\_\_\_ Name (please print): \_\_\_\_\_

**PLEASE ENCLOSE THE LIFETIME REGISTRATION FEE**

**\$200 members ~ \$325 non-members** (subject to 5% GST)

Includes award's dinner for applicant and commemorative item

Jacket size: (please circle one)

Small      Medium      Large      Xlarge      XXLlarge      XXXLarge

**APPLICATION DEADLINE: September 2014**

**All applications must be completed in full**

NOTE;

- All applications are subject to approval by CAFS's Board of Directors

C.A.F.S. USE ONLY		
Screening Committee:	Approved _____	Rejected _____
Reason:	_____	
_____		
Date:	Signed for C.A.F.S.: _____	