



CANADIAN ASSOCIATION *of* FLEET SUPERVISORS

PO BOX 1222, ALDERGROVE, BC, V4W 2V1

PHONE / FAX: 604 856-3662 EMAIL: INFO@CAFS.CA WEBSITE: WWW.CAFS.CA

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 HST)

Includes award's dinner for applicant and commemorative item

Jacket size: (please circle one)

Small Medium Large Xlarge XXLlarge XXXLarge

APPLICATION DEADLINE: Sept 23, 2011

All applications must be completed in full

NOTE;

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

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