



## MENTEE APPLICATION

Are you interested in maximizing your membership and networking with experienced TIDA members? The Mentor Program is designed to help you achieve this goal. The program is voluntary and open to all TIDA members regardless of how long they have been TIDA members. Please complete this Mentee application and return to TIDA's administrative office via fax 410-931-8111 or email to renee@tida.org. You should expect to receive a Mentoring Packet and additional information about a Mentor within 30 days.

NAME: \_\_\_\_\_

FIRM: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

FIRM WEBSITE: \_\_\_\_\_

MEMBER TYPE: Attorney \_\_\_\_\_ Industry \_\_\_\_\_ Vendor \_\_\_\_\_

Tell us a little more about yourself and your interest in this program:

# Years in the transportation industry: \_\_\_\_\_ # Years in TIDA: \_\_\_\_\_

What are you hoping to get out of this program:

\_\_\_\_\_  
\_\_\_\_\_

Please tell us about any interests or hobbies that might help us match you with a mentor:

\_\_\_\_\_

Do you prefer Mentor who is male \_\_\_\_\_ female \_\_\_\_\_ or doesn't matter \_\_\_\_\_

The Mentor Program should not be used as a marketing tool. The Mentor Committee reserves the right to review participants for abuse or misuse of this program.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

FOR TIDA OFFICE

DATE OF MATCH: \_\_\_\_\_

MENTOR NAME: \_\_\_\_\_

FIRM: \_\_\_\_\_