



TEANA
The Expedite Association of North America

Expediting Membership Application

Fields in **bold are required.*

PROFILE INFORMATION

Company:

Zip:

Key Contact Name:

Country:

Title:

Work Phone:

Address:

Fax:

City:

Email:

State:

Website:

Date Your Business Opened (mm/dd/yyyy):

How did you learn about TEANA:

Are you interested in serving as a committee member?

- Marketing Committee
- Legislative/Regulatory Committee
- Membership Committee
- Social Planning Committee
- Vendor Services Committee
- Not at this time

COMPANY INFORMATION

USDOT #:

SCAC Code:

MC #:

CVOR #:

Within your company, how many trucks are used for expediting?

Has your business ever had a different name?

- Yes – If yes, what was the different business name? _____
- No

Are you adding additional members under your company?

- No
- Yes

If yes, how many members: _____

*****Please attach proof of active insurance*****



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MEMBERSHIP DUES

Please check which level your company falls under. TEANA will not disclose any Members dues category. This information is kept confidential and you'll have the opportunity to update it every year.

- \$750 annual dues (Under \$2,000,000 in revenue) if paying by ACH or Check
\$775 annual dues if paying by credit card (3% convenience fee added)
- \$1,000 annual dues (\$2,000,001 to \$10,000,000 in revenue) if paying by ACH or Check
\$1030 annual dues if paying by credit card (3% convenience fee added)
- \$1,500 annual dues (\$10,000,001 to \$19,999,000 in revenue) if paying by ACH or Check
\$1545 annual dues if paying by credit card (3% convenience fee added)
- \$2,500 annual dues (\$20,000,000 plus in revenue) if paying by ACH or Check
\$2575 annual dues if paying by credit card (3% convenience fee added)

CODE OF ETHICS

By signing below, I am hereby consenting to receive all mass communications from TEANA and its affiliates that may be sent via mail, e-mail or fax. I also understand that TEANA will not share my content information without my consent. I also certify that our company meets the Membership Eligibility Requirements, the information given above is correct and that I will abide by the Association's Code of Ethics. **(Please read the Code of Ethics on TEANA.org before signing)**

Signature: _____ Date: _____

PAYMENT INFORMATION

Check # _____ Amount: \$ _____
(Checks must be attached & payable to TEANA)

Credit card (circle one): Visa MasterCard American Express
Please note the 3% Convenience Fee Added to Credit Card Payments

CC #: _____ Exp. Date: _____

****Amount: \$**** _____ Security Code: _____

**** Please use the credit card pricing when filling out this portion.**

Signature: _____

Please Remit Payment To:
TEANA
980 N Michigan Ave, Suite#1400
Chicago, IL 60611
(800) 970-3270 | info@teana.org