



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*****



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.

- ☐ \$775 annual dues (Under \$2,000,000 in revenue)
☐ \$1,030 annual dues (\$2,000,001 to \$10,000,000 in revenue)
☐ \$1,550 annual dues (\$10,000,001 to \$19,999,000 in revenue)
☐ \$2,575 annual dues (\$20,000,000 plus in revenue)

Potential New Member (No previous affiliation with TEANA)

*The month of APPLICATION made to the association determines the quarter in determining the discount.

1st Quarter	Full Year Dues
2nd Quarter (Apr/May/June)	70% current year invoiced
3rd Quarter (Jul/Aug/Sept)	25% of current year invoiced, next years dues required to be paid in full at same time
4th Quarter (Oct/Nov/Dec)	\$0 current year invoiced, next years dues paid in full

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 TYPE:

Circle payment type and an invoice will be created and emailed to you for payment.

Circle one:

Check Credit Card EFT

Please do not include any financial information, credit cards, etc... on this form. Please do not mail payment until your membership is confirmed approved. Thank you

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