



**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.

- \$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)

## 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

CC #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

\*\*Amount: \$\*\* \_\_\_\_\_ Security Code: \_\_\_\_\_

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

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