



**T E A N A**

The Expedite Association of North America

## Vendor 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

**Industry of your company:** \_\_\_\_\_  
*Insurance, Supplies, Truck Sales, Software, etc.*

**Has your business ever had a different name?**

- No
- Yes

If yes, what was the different business name?

Are you adding additional members?

- No
- Yes

If yes, how many members: \_\_\_\_\_



## VENDOR MEMBERSHIP DUES

\$1,290 annual dues

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 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