



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 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