

2024 ANNUAL DUES RENEWAL

ANNUAL DUES FOR EXPEDITING COMPANIES (please select a category):

| Expediting Members I | nave expediting vehicles and must adl | here to freigh | t-sharing principles. | |
|--|--|-----------------|--|-------|
| \$1,500 annual dues \$2,500 annual dues \$1,545 annual dues \$2,575 annual dues | (Under \$10,000,000 in revenue) (\$10,000,001 + in revenue) (PAY WITH CREDIT CARD) (PAY WITH CREDIT CARD) | | TEANA will not disclose any Members dues category. This information is kept confidentialand you will have the opportunity to update it every year. | |
| <u>Vendor Members</u> are com Members, such as membe | | ts to Expeditir | ng Members or employ the services of | these |
| TEANA SCHOLARSHIP CONTRIBUTION:\$50\$100\$250\$500 Other \$ | ONTRIBUTION: the sc _ \$50 makin _ \$100 TEANA _ \$250 studer _ \$500 Memb | | nembers are welcome to support scholarship efforts of TEANA by sing an optional contribution. NA awards two scholarships to lents related to any TEANA mber, every year. | |
| TEANA'S LEGISLATIVE CONTRIBUTION:\$50\$100\$250\$500 Other \$ | FUND <i>OPTIONAL</i> | your voic | in the front line fighting for the with members of the Support TEANA's effort by the yearly donation. Help the line in the service of the ser | |
| \$Grai | nd Total | | | |



| Let's Update Your Records! | |
|--|---|
| Company Name: | |
| Key Contact for your Company: | |
| Phone: Email: | |
| MC # (REQUIRED if Expediting Member): | |
| # of Trucks: | |
| Date Your Business Opened: (//) Additional Contacts: | |
| AYMENT INFORMATION: | |
| ease circle your preferred method of payment and and invoice will be enerated with a link for payment. | |
| Circle one: Check Credit Card EFT | |
| Please do not include any financial information, credit cards, etcon this t | form. |
| Although dues are not deductible as a charitable contribution, they may be expense. Donations to the TEANA Scholarship Fund and the Legislative Fu Charitable Donation. Each member should consult their tax advisor to determine appropriate and, if so, the proper amount. | nd are deductible as a |
| I certify that our company meets the TEANA Membership Eligibility Requirement laws. By signing below, I am hereby consenting to receive all communication affiliates that may be sent via mail, e-mail or fax. I also understand that TEANA information without my consent. I also certify that the information given above abide by the Association's Code of Ethics. | ns from TEANA and its A will not share my conten |
| PLEASE SIGN AND RETURN ORIGINAL WITH YOUR PAYMENT. Keep a co | by for your records. |
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