



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

Within your company, how many trucks are used for expediting?

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: _____



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.

\$1,250 annual dues

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**
1315 Walnut Street Suite 302
Philadelphia, PA 19107
(313) 749-8681 | Info@teana.org