

2018 New Carrier Membership Application



EXPRESS CARRIERS ASSOCIATION
Forging Transportation Relationships

We wish to apply for membership in the Express Carriers Association:

Company _____
Representative _____
Title _____
Phone _____ Fax _____ DOT Number: _____
Mailing Address _____
City _____ State _____ ZIP _____
Website _____ Email _____

Annual Dues: \$695

We understand that if our payment is made prior to December 15, we will be a 5-STAR MEMBER. 5-Star Members receive recognition at the MarketPlace and on the ECA Web Site. The ECA Membership year runs from January 1st through December 31st.

CHECK IS ENCLOSED made payable to: Express Carriers Association.

Remit to: Express Carriers Association, 9532 Liberia Avenue, #752, Manassas, VA 20110

CHARGE \$695 to my: Visa Mastercard American Express

Credit card users can fax this form to: 703-361-5274 or remit to:

Express Carriers Association, 9532 Liberia Avenue, #752, Manassas, VA 20110

Account # _____ CID# _____

Name as it appears on card _____

Expires _____ Signature _____

Company Name hereby submits application for membership to the Express Carriers Association as a carrier member, as defined by the association by-laws, Article 2, Section 2 (A) Carrier Membership: *A for hire carrier engaged in the transportation of packages, parcels, and/or less than truckload cargo (TL/LTL), with physical or agent contractual locations in 15 states or less. I certify that 75% of our gross revenues are not generated through franchise and/or agency agreements.*

By signing below, I agree that I am an authorized employee/representative of the entity submitting the renewal. To the best of my knowledge, all of the above information is true and accurate.

Signature _____ Date _____

Mailing address for all ECA correspondence, including payments
Express Carriers Association
9532 Liberia Avenue, #752
Manassas, VA 20110

CARRIERS

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States where your company has a physical location;

- | | | | |
|--------------------------------------|--|---|---|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Illinois | <input type="checkbox"/> Montana | <input type="checkbox"/> Rhode Island |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Indiana | <input type="checkbox"/> Nebraska | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Iowa | <input type="checkbox"/> Nevada | <input type="checkbox"/> South Dakota |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Kansas | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> California | <input type="checkbox"/> Kentucky | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Texas |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Louisiana | <input type="checkbox"/> New Mexico | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Maine | <input type="checkbox"/> New York | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Maryland | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> D.C. | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Michigan | <input type="checkbox"/> Ohio | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Hawaii | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Oregon | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Idaho | <input type="checkbox"/> Missouri | <input type="checkbox"/> Pennsylvania | |

Services: Please check services you provide.

- | | | |
|--|---|--|
| <input type="checkbox"/> Air Freight | <input type="checkbox"/> Local Pickup | <input type="checkbox"/> TL |
| <input type="checkbox"/> Break Bulk Distribution | <input type="checkbox"/> LTL | <input type="checkbox"/> 24 Hour Turn-around |
| <input type="checkbox"/> Dedicated Truck/Van | <input type="checkbox"/> Messenger | <input type="checkbox"/> Warehousing |
| <input type="checkbox"/> Expedited Freight | <input type="checkbox"/> Next Flight | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Ground Parcel | <input type="checkbox"/> Route Work | |
| <input type="checkbox"/> Hot Shot | <input type="checkbox"/> Scheduled | |
| <input type="checkbox"/> Line Haul | <input type="checkbox"/> Temperature Controlled | |

Special Services: Please check special services you provide.

- | | | |
|--|--|---|
| <input type="checkbox"/> Airport Pickup/Delivery | <input type="checkbox"/> Medical | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Office Products | <input type="checkbox"/> Signature Capture |
| <input type="checkbox"/> E-mail PODs | <input type="checkbox"/> Online Order Entry & Tracking | <input type="checkbox"/> 24/7 Onsite Dispatch |
| <input type="checkbox"/> HazMat | <input type="checkbox"/> Parts Storage/Distribution | <input type="checkbox"/> White Glove |
| <input type="checkbox"/> Legal Other | | |

Equipment: Please check equipment you provide.

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Air Rides | <input type="checkbox"/> Hi-Cubes | <input type="checkbox"/> Straight Trucks |
| <input type="checkbox"/> Cargo Vans | <input type="checkbox"/> Lift Gates | <input type="checkbox"/> Tractor Trailers |
| <input type="checkbox"/> Cars | <input type="checkbox"/> Refrigerated | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Covered Pickups | <input type="checkbox"/> Rollerbeds | |



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Contacts: Please give us three contacts for your company.

Contact 1

Name _____

Title _____

Address _____

Phone _____ Fax _____

Email _____

Contact 2

Name _____

Title _____

Address _____

Phone _____ Fax _____

Email _____

Contact 3

Name _____

Title _____

Address _____

Phone _____ Fax _____

Email _____

Thank you for providing this important information.

9532 Liberia Avenue #752 • Manassas • VA 20110 • 703-361-1058 • Fax 703-361-5274