

2018 Carrier Membership Renewal



EXPRESS CARRIERS ASSOCIATION
Forging Transportation Relationships

We wish to renew our 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) Carrier membership: Is a for hire carrier: i. who is engaged in direct transportation of packages, parcels, and/or less than truckload cargo (TL/LTL). ii. who possess either an active USDOT Number or MC Permit number and or operates in a "Intrastate" capacity and the state in which they are operating does not require any operating authority. iii. who, if operating under a "Broker" authority, can produce evidence of taking possession of their customers freight and that their operating practices are that of a for hire carrier. iv. who subscribes to and supports the objectives and obligations of this Association. v. The Board of Directors, at its discretion, may develop levels of carrier membership (i.e. Local, Regional, National, Global) to meet the goals and objectives of the organization. No carrier company can represent itself as a larger company through a franchise relationship at any ECA function. No carrier shall be considered for membership if 75% or more of their revenue is generated through a franchise 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 or agent contractual 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