

# Shipper Membership Application



EXPRESS CARRIERS ASSOCIATION  
Forging Transportation Relationships

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

Company \_\_\_\_\_

Representative \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Website \_\_\_\_\_ Email \_\_\_\_\_

## Annual Dues: \$550

We understand that if our payment is made prior to January 15, we will be a 5-STAR MEMBER. 5-Star Members receive recognition at the Marketplace and in the ECA Service Directory. 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 \$550 to my:  Visa  Mastercard  American Express

Credit card users can fax this form to: 703-361-5274 (If faxing- Do not follow up by mail, you could be charged twice.) or remit to: Express Carriers Association: 9532 Liberia Avenue, #752, Manassas, VA 20110

Account # \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Expires \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_ hereby submits application for membership to the Express  
Company Name  
Carriers Association as a shipper member, as defined by the association by-laws, *Article 2, Section 2 (B) Shipper Membership: A Broker, Consultant, or shipper of cargo who subscribes to and supports the objectives and obligations of this Association.*

By signing below, I agree that I am an authorized employee/representative of the entity submitting the application. To the best of my knowledge, all of the above information is true and accurate. If found that the information is not true or correct, the ECA reserves the right to deny/reject the application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

SHIPPER

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Page 2

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 \_\_\_\_\_

**Please give us a 50-word description of your services.**

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Thank you for providing this important information. It will appear in the next ECA Service Directory, upon membership approval.