



Membership Application

Company Name _____

Mailing Address _____

Delivery Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Web site Address _____

Phone _____ Fax _____

Company Information

Business Services you offer:

- | | |
|--|--|
| <input type="checkbox"/> Same-day Courier | <input type="checkbox"/> 3 rd Party Logistics |
| <input type="checkbox"/> Overnight Express | <input type="checkbox"/> International Expedited Courier |
| <input type="checkbox"/> 2-day Express Delivery | <input type="checkbox"/> International Express |
| <input type="checkbox"/> Domestic Air Freight Forwarding | <input type="checkbox"/> International Remail |
| <input type="checkbox"/> On-demand Ground Delivery | <input type="checkbox"/> All Cargo Aircraft Operator |
| <input type="checkbox"/> Dedicated Fleet Services | <input type="checkbox"/> Other (explain) _____ |
| <input type="checkbox"/> Regional Trucking | _____ |
| <input type="checkbox"/> Line Haul Trucking | _____ |

Business founded in: _____ (year) Number of employees: US _____ Worldwide _____

In what cities and states does your firm have major offices?

Parent Company (if applicable): _____

Contact & Mailings Information

Primary Representative (mailing contact for voting and billing purposes)

Name _____ Title _____

Address (if different from headquarters address above):

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Web site Address _____

Phone _____ Fax _____

E-mail _____ (required for communications)

Alternative Representative

Name _____ Title _____

Address (if different from headquarters address above):

City _____ State/Province _____ Zip/Postal Code _____

More...

(Company _____)

Country _____ Web site Address _____

Phone _____ Fax _____

E-mail _____ (required for communications)

Your membership entitles you to complimentary subscriptions to XLA's monthly newsletter, *XLA Express*, which is distributed in print format. In addition, depending on your membership category, your company also is eligible for complimentary subscriptions to *XLA extra*, *XLA Policy Bulletins*, and *XLA Alerts* that are delivered electronically. You also will receive other news and announcements about programs, services and events sponsored by XLA that are customarily issued via e-mail. Please attach a separate sheet of additional contacts. Additional subscriptions are complimentary and a benefit of your membership in XLA.

Dues Category Declaration

I hereby certify that my dues category and sales level is correct as checked below. Note that Associate Membership is available and required for companies that are not in the express delivery or logistics business. Airlines are eligible for membership under the Airline Membership category.

Check One	Sales (In U.S. \$)	Annual Dues 2007
Industry Membership	(Check one)	
	0 to 999,999	\$683
	1,000,000 to 4,999,999	\$1,066
	5,000,000 to 9,999,999	\$1,439
	10,000,000 to 19, 999,999	\$1,748
	20,000,000 to 49, 999,999	\$2,158
	50,000,000 and over	\$4,247
Associate Membership	-----	\$1,139
Airline Membership	-----	\$4,200

*Dues are for annual membership within the calendar year and are payable **IN FULL** upon joining XLA. For companies that apply for membership later in the year, dues may be prorated on a quarterly basis. Call XLA for details.

Upon election to membership by the Board of Directors, we hereby agree to abide by the rules and regulations as prescribed in the Bylaws of the Express Delivery & Logistics Association, including the Code of Ethics and Industry Standards.

Authorized Signature _____ Date _____

Payment Method

Payment of \$ _____ for 12 months of annual dues is enclosed.

Check (Make payable to "Express Delivery & Logistics Association".)

Credit Card - Please charge my dues to Visa MasterCard American Express

Credit Card Account # _____ Expiration Date _____

Cardholder (print) _____

Cardholder's Billing Address _____

Signature _____ Date _____

Remittance and Submission of Application

Application with payment by check, should be mailed to:

Express Delivery & Logistics Association
6309 Beachway Drive
Falls Church, VA 22044

Applications with payment by credit card may be faxed to: 703.998.7123