



Express Delivery & Logistics Association

Express Delivery & Logistics Association Membership Application

Company Information *Indicates required fields.

*Company Name: _____

*Address: _____

*City, ST/Prov, ZIP/Postal Code: _____

*Country: _____ *Website: _____

*Telephone: _____ *Fax: _____

*Are you an Indirect Air Carrier (IAC)? Yes No

*Do you have Sensitive Security Information (SSI) security clearance? Yes No

*Short company description: _____

Business founded in: _____ (YYYY) Number of employees employed: _____

Membership Category

- Airline Member** **Dues \$4,800**
Operating commercial airline in the U.S.
- Associate Member** **Dues \$1,185**
Provide services and products utilized by the express operators throughout the supply chain.
- Consultant** **Dues \$500**
Provides consulting services to the industry and does not employ more than two people.
- Trucking Affiliate Member** **Dues \$500**
Companies which provide XLA members with logistical trucking transport solutions for their larger shipments for both pickup and delivery
- International Industry Member** **Dues \$1,500**
Companies (non-government) who are engaged in the business of express delivery or logistics in countries other than the U.S. and have gross revenue of less than \$5 million U.S. If the company has U.S. revenue of more than \$5 million, they must join in the appropriate Industry Member level.

- Industry Member** **Dues Vary**
Companies (non-government) who are engaged in the business of express delivery or logistics in the United States and internationally.
Annual Revenue Sales:
 - \$0 - less than \$10 Million Dues \$2,500
 - \$10 million – less than \$50 Million Dues \$5,000
 - \$50 million and over Dues \$12,500

Payment Information

Check Enclosed
Make check payable in U.S. funds to
Express Delivery & Logistics Association (XLA)
400 Admiral Blvd., Kansas City, MO 64106
Phone: 816.221.0254 Fax: 816.472.7765
Amount on check: \$ _____
Check Number: _____

Credit Card
 American Express
 MasterCard
 Visa
 Card Number: _____
 Cardholder Name: _____
 Signature: _____
 Expiration Date: ____ / ____ Total\$ _____

I hereby certify that my dues category and revenue level are correct as indicated. Upon election to membership by the XLA 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. 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 dues rate, call XLA for details 888.838.0761.

Thank you for applying, applications must go through the board of directors for approval. Allow up to 10 business days for this process.



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Company Demographic Information

*Indicates required fields.

Industry members U.S. and International applicants

*Services offered. Check services offered by company:

- 2nd Day Domestic Airfreight Forward
- 3rd Party Logistics
- All air cargo
- Air/Ocean Charters
- Courier
- Dedicated Fleet
- Domestic Air Freight Forwarding
- Line Haul Trucking
- International Expedited Courier
- International Express

- International Re-mail
- Ocean containers
- Overnight
- On Demand Ground
- Regional Trucking
- Same Day

Please list any other cargo you handle so we may make your listing complete: _____

*Cargo Handled. Check cargo handled by company:

- Animals
- Automotives/Parts
- Bicycle/Parts
- Computers/Electronics
- Construction Equipment/Machinery/Supplies
- Fashion/Merchandise
- Film
- Flowers
- Food/Perishables
- Handcrafts
- Hazardous Materials

- Legal Documents
- Medical Devices/Equipment/Machines
- Medical Organs/Cadavers etc.
- Medical Pharmaceuticals
- Medical Samples, Specimens
- Medical Supplies
- Works of art
- Yachts/Watercrafts

Please list any other cargo you handle so we may make your listing complete: _____

* Airports Served: _____

Associate and Consultant applicants

* Do you have a special offer for XLA members? _____

Airline applicants

* Please provide website links to your:

Products/services: _____

Flight schedules: _____

Route map: _____

Where are your hubs: _____

Company Contacts

*Indicates required fields.

*Primary Contact Name: _____

Position/Title: _____ *E-mail: _____

Additional Contact (s) There is no limit, if more are needed please e-mail them to info@expressassocaition.org.

Name: _____

Name: _____

Position/Title: _____

Position/Title: _____

E-mail: _____

E-mail: _____