

APPLICATION FOR TRANSLOAD MEMBERSHIP

Fill out the information below and on the back of this page and mail with a check for \$350 to:

TRANSLOAD DISTRIBUTION ASSOCIATION

1980 Willamette Falls Dr., #120-282, West Linn, OR 97068 . 503-656-4282 . browngn@comcast.net .

www.transload.org

Name _____ Title _____

Name of Company _____

Company Address _____

City _____ State _____ Zip _____ Country _____

Company Phone _____ FAX _____

Website _____ E-Mail _____

Company Mailing Address (if different than above)

City _____ State _____ Zip _____ Country _____

Company Ownership _____

Company Officers _____

How many years in Business _____

Who Invited you to membership in the TDA _____

Which of the following membership programs interest you (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Information Exchange | <input type="checkbox"/> Import/Export |
| <input type="checkbox"/> Worker's Comp | <input type="checkbox"/> Equipment Programs | <input type="checkbox"/> Gov't Regulations |
| <input type="checkbox"/> Code of Ethics | <input type="checkbox"/> Carrier Interaction | <input type="checkbox"/> Group Benefits |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Computer Programs | <input type="checkbox"/> Member Directory |

Would you be interested in serving on a TDA Committee: (Check all of interest)

- | | | | |
|----------------------------------|-------------------------------------|--|---|
| <input type="checkbox"/> Program | <input type="checkbox"/> Membership | <input type="checkbox"/> Regional Seminars | <input type="checkbox"/> Annual Meeting |
|----------------------------------|-------------------------------------|--|---|

Name membership(s) in other trade associations _____

Please fill out the information questionnaire on the back of this application for each of the transloads your company operates. This data is for our membership directory pages. You may include a map locator (major highways, RRs, streets) where you are located. Also, include a black and white copy of your company logo for this page. If you have an 8" x 10" prepared ad copy we can place it on the back of your directory page.

The \$350 membership fee includes all the transload locations you own/and or operate.

TRANSLOAD DISTRIBUTION ASSOCIATION

INFORMATION QUESTIONNAIRE – MEMBERSHIP DIRECTORY PAGE

(Please fill a copy of this form for each facility location you operate)

Company Name

Contact Name

Title

Address

City

State

Zipcode

Country

Facility Location

City

State

Zipcode

Country

Phone

FAX

Website

E-mail

Hours of Business

Inside Storage (Sq. Ft)

Outside Storage (Sq. Ft)

Covered Outside Storage (Sq. Ft)

Rail Served by

Track Capacity (Car Spots)

Truck Dock Capacity (Trailer Spots)

Berthing Dock

Commodities Handled

Equipment

Security

Nearest Fire Station

Other Information

TDA transload Inet-2