



Free Trade Alliance

CROSS BORDER TRUCKING COALITION MEMBERSHIP APPLICATION

Main Contact Person

First Name: _____ Last Name: _____ M.I.: _____

Title: _____ Company: _____

Address: _____ City: _____ ST _____ Zip _____

Phone: _____ Fax: _____ E-Mail: _____

Website: _____

Membership Level

Please mark membership level:

- President's Level (\$2,000)
- Governor's Level (\$500)
- Friends of Coalition Level (Free)
- Ambassador's Level (\$1,000)
- Business Level (\$250)
- Marketing Partner Level (Reserved Status)

Survey Question:

Please describe how international trade affects your business.

Payment Instructions

- Check – Complete application and send check made payable to Free Trade Alliance to 203 S. St. Mary's St., Suite 130, San Antonio, TX 78205.
- Credit Card – Complete application and fax to (210) 229-9724.

Amount Paid: \$ _____ Type of Card _____ Credit Card Number: _____ Expiration Date: _____

Authorization Signature: _____

For further inquiries please contact Kathryn Dinnin by phone at (210) 229-9036 ext. 26 or email at kdinnin@freetradealliance.org

As part of the Cross Border Trucking Coalition outreach initiative, we will be utilizing members' background and business stories in the "Trade Views" section of our website, newsletters, mailings, and other marketing efforts. The following signature will allow us to publish information about your company in our marketing materials as well as include your company name in mailings. Any material or information that is used will be of good quality and checked for accuracy to the best of our efforts.

Member Signature: _____