



DATE: _____

MEMBERSHIP/RENEWAL APPLICATION

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

MAIN CONTACTS: 1. _____

2. _____

TELEPHONE: _____

FAX: _____

E-MAIL :1 _____

E-MAIL :2 _____

Nature of Business

IATA Agent () Airline () Freight Forwarder () Customs Broker ()

Air or Motor Carrier () ACI P&D Contractor ()

Other (specify) _____

Please complete this form and return for membership/renewal.

The CRACA Board of Directors will review this application at the next meeting and the company will be notified of acceptance.

Visit us at www.craca.org