SOLE - The International Society of Logistics

Application for Corporate Membership

A Corporate member is an organization that desires to further the goals and objectives of SOLE - The International Society of Logistics and to be represented at SOLE functions. Each corporate member may designate a specified number of representatives (see table below) who shall enjoy full membership privileges. Those corporate member representatives may be changed only when a renewal is initiated.

Please type or print clearly

Company Name (exactly as you would wish it to appear on correspondence or in publications).

Contact Name for all correspondence

Address

City, State, Zip, Country Postal Code

Business Phone and Fax    Email address

DUES STRUCTURE & MEMBERSHIP SCHEDULE

SIZE OF ORGANIZATION

A. Up to 10 employees …………………….$ 500
   Entitled to two free memberships
B. 11 to 49 employees………………….$1,000
   Entitled to three free memberships
C. 50 to 500 employees………………..$2,000
   Entitled to six free memberships
D. Over 500 employees………………….$3,000
   Entitled to nine free memberships

METHOD OF PAYMENT

A. Check # _________ enclosed $____________
B. Charge my: ___Visa ___Master ___Amex ___Diners
   Acct. No. __________________________________
   Expiration Date: _____________________________
   Signature __________________________________
   Phone # of cardholder:_______________________

Return application and applicable payment to:

SOLE – The International Society of Logistics
14625 Baltimore Avenue, Suite 303
Laurel, MD 20707-4902 USA

Phone: 301-459-8446    Fax: 301-459-1522
E-mail: solehq@erols.com
Home page: www.sole.org

April 2012 revision. All previous editions are obsolete
Membership Data

The following individuals shall represent our company/agency/organization with full membership privileges.

1. Name___________________________________________________________________________________________________________
Address___________________________________________________________________________________________________________
City ___________________________ State _______________ Zip ___________________
Country___________________________________________________________________________________________________________
Title ___________________________ Phone: _______________________________________
Fax: _____________________________________________________________ Email: _______________________________________
Member Number ____________________ Affiliate me with: ____________________________
_____ Do Not Affiliate me with a chapter   _____ Affiliate me with the Virtual Chapter

2. Name___________________________________________________________________________________________________________
Address___________________________________________________________________________________________________________
City ___________________________ State _______________ Zip ___________________
Country___________________________________________________________________________________________________________
Title ___________________________ Phone: _______________________________________
Fax: _____________________________________________________________ Email: _______________________________________
Member Number ____________________ Affiliate me with: ____________________________
_____ Do Not Affiliate me with a chapter   _____ Affiliate me with the Virtual Chapter

3. Name___________________________________________________________________________________________________________
Address___________________________________________________________________________________________________________
City ___________________________ State _______________ Zip ___________________
Country___________________________________________________________________________________________________________
Title ___________________________ Phone: _______________________________________
Fax: _____________________________________________________________ Email: _______________________________________
Member Number ____________________ Affiliate me with: ____________________________
_____ Do Not Affiliate me with a chapter   _____ Affiliate me with the Virtual Chapter
Membership Data
The following individuals shall represent our company/agency/organization with full membership privileges.

4. Name________________________________________
Address________________________________________
City __________________________ State _______ Zip _______
Country________________________________________
Title __________________________ Phone: ______________
Fax: __________________________ Email: ______________
Member Number ____________________        Affiliate me with: __________________________
____ Do Not Affiliate me with a chapter    ____ Affiliate me with the Virtual Chapter

5. Name________________________________________
Address________________________________________
City __________________________ State _______ Zip _______
Country________________________________________
Title __________________________ Phone: ______________
Fax: __________________________ Email: ______________
Member Number ____________________        Affiliate me with: __________________________
____ Do Not Affiliate me with a chapter    ____ Affiliate me with the Virtual Chapter

6. Name________________________________________
Address________________________________________
City __________________________ State _______ Zip _______
Country________________________________________
Title __________________________ Phone: ______________
Fax: __________________________ Email: ______________
Member Number ____________________        Affiliate me with: __________________________
____ Do Not Affiliate me with a chapter    ____ Affiliate me with the Virtual Chapter

April 2012
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