



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 49 employees..... | \$1,000 |
| Entitled to three free memberships | |
| B. 50 to 500 employees | \$2,000 |
| Entitled to six free memberships | |
| C. Over 500 employees | \$3,000 |
| Entitled to nine free memberships | |

B. Charge my: ___ Visa ___ Master ___ Amex
___ Diners

Acct. No. _____

Expiration Date: _____

Signature _____

METHOD OF PAYMENT

A. Check Enclosed \$ _____

.....
Return application and applicable payment to:

SOLE- The International Society of Logistics
8100 Professional Place, Suite 111
Hyattsville, MD 20785

Sponsor Name: (Optional)

SOLE Member Number:

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

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: _____

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5. Name _____

Address _____

City _____ State _____ Zip _____

Country _____

Title _____ Phone: _____

Fax: _____ Email: _____

Member Number _____ Affiliate me with: _____

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6. Name _____

Address _____

City _____ State _____ Zip _____

Country _____

Title _____ Phone: _____

Fax: _____ Email: _____

Member Number _____ Affiliate me with: _____

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Membership Data

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

7. Name _____

Address _____

City _____ State _____ Zip _____

Country _____

Title _____ Phone: _____

Fax: _____ Email: _____

Member Number _____ Affiliate me with: _____

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8. Name _____

Address _____

City _____ State _____ Zip _____

Country _____

Title _____ Phone: _____

Fax: _____ Email: _____

Member Number _____ Affiliate me with: _____

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9. Name _____

Address _____

City _____ State _____ Zip _____

Country _____

Title _____ Phone: _____

Fax: _____ Email: _____

Member Number _____ Affiliate me with: _____

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