

SOLE – The International Society of Logistics



APPLICATION FOR MEMBERSHIP

MEMBERSHIP TYPES

- **Member:** An individual working or interested in the logistics profession or a related activity seeking to improve their competence through professional activities
- **Retired:** An individual who is fully retired from the active work force. [NOTE: Retired from military service does not qualify, unless not employed.]
- **Young Logistician:** An individual who is 35 years of age or younger, drawing a salary. This category of membership is for *1 year only*.
- **Student:** An individual carrying **at least 30 % of a full-time academic program in the field of logistics** as a graduate or undergraduate in a school of recognized standing. *Persons drawing full time salaries while attending college are not eligible.*
- **Corporate Member:** A special corporate membership application is available at SOLE Headquarters. To get an application, please call (301-459-8446), fax (301-459-1522) or email (solehq@erols.com).

DUES STRUCTURE (Membership Year: Based on Anniversary Date)

Membership Type	New Member	Renewal
Regular 1 Year	\$140	\$130
Regular 3 Year	\$370	\$360
Student	\$40	\$40
Retired	\$85	\$75
Young Logistician	\$75	N/A

PLEASE TYPE OR PRINT CLEARLY

Mr. Mrs. Miss Ms. Other _____

Date of Birth _____ (MM/DD/YY)

First Name/MI _____
NO NICKNAMES, PLEASE – Given name, only.

Last Name _____

Address _____

Address _____

Address _____

Country _____

Work Phone _____ 1 Year
 3 Year

Home Phone _____ Student
 Retired

Cell Phone _____ Young
 Logistician

Email _____

Employer _____

Position _____

Highest Degree Received _____

Affiliate me with _____ Chapter

Nearest Active Chapter

Virtual Chapter

Mail with payment to: **SOLE – The International Society of Logistics**
14625 Baltimore Avenue, Suite 303
Laurel, MD 20707-4902 USA

Application Division Interest (Select one or more)

Commercial Logistics Defense Logistics
 Events Logistics Medical Logistics
 Humanitarian & Disaster Relief Logistics Space Logistics

List me in SOLE's Membership Directory. Yes No

I'd like to receive outside mailings. Yes No

Signature of Applicant _____

I hereby sponsor the above applicant for membership in SOLE. I have provided my signature and membership number. _____

Signature _____

My check # _____ for _____ US Dollars is enclosed

Please charge \$ _____ to my VISA MC AmEx DC

Account Number _____

Expiration Date _____ Security Code _____

Name of Cardholder (*print*) _____

Signature of Cardholder _____

Card Billing Address _____

Phone No. of Cardholder _____

E-mail of Cardholder _____

FOR SOLE USE ONLY

Membership Number _____

District/Chapter Affiliation _____