



# 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

Sponsor Name: (Optional)

SOLE Member Number:

# 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

## 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: \_\_\_\_\_

Do Not Affiliate me with a chapter       Affiliate me with the Virtual Chapter

**9. 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