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_____

Home Phone_____

Cell Phone_____

___ 1 Year
___ 3 Year
___ Student
___ Retired
___ 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
___ Events Logistics
___ Humanitarian & Disaster Relief Logistics
___ Defense Logistics
___ Medical 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_____

*revised April 2012 – **ALL PREVIOUS EDITIONS ARE OBSOLETE***