

# 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 \_\_\_\_\_

Birthdate \_\_\_\_\_ (MM/DD/YY)

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Country \_\_\_\_\_

Work Phone \_\_\_\_\_  1 Year  
 3 Year

Home Phone \_\_\_\_\_  Student  
 Retired

Fax \_\_\_\_\_  Young  
 Logistician

Email \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Degree Received \_\_\_\_\_

Affiliate me with \_\_\_\_\_ Chapter

Nearest Active Chapter

Virtual Chapter

Mail with payment to: **SOLE – The International Society of Logistics**  
**8100 Professional Place Suite 111**  
**Hyattsville, MD 20785-2229 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 \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

Phone No. of Cardholder \_\_\_\_\_

#### FOR SOLE USE ONLY

Membership Number \_\_\_\_\_

District/Chapter Affiliation \_\_\_\_\_