



# SOLEUROPE

## The International Society of Logistics - Europe

SOLEUROPE is registered under Luxembourg law as Non-Profit Making Organization

### Application for Corporate Membership

A Corporate member is an organization that desires to further the goals and objectives of SOLEUROPE and be represented at SOLEUROPE functions.

Each corporate member may designate a specified number of representatives (see table below) who shall enjoy full membership privileges.

Each corporate member may change its SOLEUROPE representatives only when a renewal is initiated.

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Please type or print clearly

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Company Name (exactly as you would wish it to appear on correspondence or in publications).

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Address

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Postal Code, City, Country

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Business Phone, Fax and e-mail  
addressed

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Individual to whom renewal invoice should be  
addressed

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#### Annual Dues and Methods of Payment

- A. Up to 49 employees.....€ 1,000, entitled to three free individual memberships
- B. 50 to 500 employees.....€ 2,000, entitled to six free individual memberships
- C. Over 500 employees.....€ 3,000, entitled to nine free individual memberships

- Cashiers check to: **SOLE - The International Society of Logistics. 8100 Professional Place, Suite 111, Hyattsville MD 20785 USA**
- VISA     Master Card     Amex     Diners

Card No.:

Exp.Date:

Card Validation Code (last three numbers on backside of your card):

Signature:

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Please mail, fax or e-mail this form to:

SOLEUROPE Executive Office, 14 Demokratias Ave, 15121 Pefki, Athens, Greece

Tel.: + 30 1 61 20 679, Fax: + 30 1 80 52 874, e-mail: [hq@soleurope.net](mailto:hq@soleurope.net) , web: [www.soleurope.net](http://www.soleurope.net)

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## Membership Data

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

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Postal Code, City, Country \_\_\_\_\_

Title \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Member Number \_\_\_\_\_ Affiliate me with a chapter in my country \_\_\_\_\_

Affiliate me with the Pan-European Chapter \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Postal Code, City, Country \_\_\_\_\_

Title \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Member Number \_\_\_\_\_ Affiliate me with a chapter in my country \_\_\_\_\_

Affiliate me with the Pan-European Chapter \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Postal Code, City, Country \_\_\_\_\_

Title \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Member Number \_\_\_\_\_ Affiliate me with a chapter in my country \_\_\_\_\_

Affiliate me with the Pan-European Chapter \_\_\_\_\_

(Please copy this sheet and add further names and addresses, as required)