



Northeast Ohio Logistics Network

Membership Application / Check Payment Form

Name _____ Title _____

Company _____

Address/City/State/Zip _____

E-mail _____

Phone _____ Fax _____

Please describe the product or service your organization provides.

What is your job function?

What areas of participation interest you the most?

- | | |
|--|--|
| <input type="checkbox"/> Education | <input type="checkbox"/> Networking |
| <input type="checkbox"/> Legislative / Regulatory Issues | <input type="checkbox"/> Programs / Events |
| <input type="checkbox"/> Volume Freight Pricing | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Other _____ | |

Would you like your company web site linked to the Logistics Network site?

Yes, my web address is: _____

Additional comments: _____

Signature _____ Date _____

ANNUAL MEMBERSHIP DUES: \$50

Please make your check payable to NEOTEC and mail with this completed application to: **NEOTEC, P.O. Box 5190, Kent, OH 44242**

You may also apply for membership and pay online at **www.neotec.org**.



NORTHEAST OHIO
Trade & Economic Consortium