



Northeast Ohio Logistics Network Membership Application

Name _____ Title _____

Organization _____

Address _____ City _____

State & Zip Code _____ E-mail _____

Phone _____ Fax _____

Professional Information:

Please describe the product or service your organization provides.

What is your job function?

What areas of participation interest you the most?

? Education

? Program / Events

? Legislative / Regulatory Issues

? Communications

? Volume Freight Pricing

? Networking

Other _____

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

Yes, my Web address is: _____

Additional comments:

Signature _____ Date _____

*You will receive confirmation of your membership within 30 days. **Thank you.***

Northeast Ohio Logistics Network • c/o NEOTEC • P.O. Box 5190 • Kent, OH 44242-0001
Phone: 330-672-4080 • Fax: 330-672-2259 • E-mail: neotec@kent.edu • Web site: www.neotec.org