

Tri-State Logistics Council

Membership Application



Either email your application to daniel.ricciardi@cincinnatiastate.edu or mail to Daniel Ricciardi 10100 Reading Road, Cincinnati, Ohio 45241

Organization Information (to be displayed online)

Business/Company/ Organization/ Name _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Website _____ Email _____

Main Contact

Title _____

First Name _____ Last Name _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Email _____ Phone _____

Additional Contacts

Title _____

First Name _____ Last Name _____

Email _____ Phone _____

Billing Address (if different)

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Mailing Address (if different)

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Membership Investment

Primary Directory Category:

Board Council Affiliate

Number of Full Time Employees _____ Number of Part Time Employees _____

Annual Membership Investment _____

Credit Card Information

Visa MasterCard Discover American Express

Name on Card _____

Billing address for Credit card **if different** than billing address above.

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Phone _____