

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 & shared online)

Business/Company/ Organization/ Name _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Website _____ Email _____

Main Contact and Mailing Address

Title _____

First Name _____ Last Name _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Email _____ Phone _____

Additional Contacts

Title _____

First Name _____ Last Name _____

Email _____ Phone _____

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: _____

Card Number: _____

Exp. Date: _____ Security Code: _____

Credit Card Billing Address if Different from Mailing Address:

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____