

Application for Membership in LTNA

for *Companies and Corporate Entities*

TO THE BOARD OF DIRECTORS - LTNA

Please consider our company/corporate application for membership in the Logistics & Transportation Association of North America (LTNA).

We acknowledge that annual membership dues for our organization are **\$250 per year** and that **ANNUAL DUES MUST ACCOMPANY THIS MEMBERSHIP APPLICATION.**

We further acknowledge that this membership provides for as many as five (5) members as designated below:

Company Name: _____

Mailing Address: _____

City & State: _____ Zip: _____

Nature of Business: _____

Name of Primary Company Member: _____ Tel: _____

Primary Member Phone: _____ Primary Member eMail: _____

Name of Designated Secondary Members (as many as four (4): (Can be named "TBD")

Name of Secondary Member: _____ eMail: _____

Name of Secondary Member: _____ eMail: _____

Name of Secondary Member: _____ eMail: _____

Name of Secondary Member: _____ eMail: _____

Signed By: _____

Date: _____

Make checks payable to LTNA and mail to:
LTNA P.O. Box 426 Union, WA 98592

Phone 1-877-858-8627 Fax 1-360-289-3188