

**The Chartered Institute of
Logistics & Transport**

International

• We hereby apply to become a **Corporate Affiliate**

Contact name and address for annual invoice/receipt

Company:	
Name/Contact	Position:
Company Address:	
	Post Code:
Telephone:	Facsimile:
E-mail:	
Name of CEO/MD (if different from above)	

Please tick your preferred method of payment and type of credit card (if applicable):

I enclose a cheque for the full amount Company credit Card (see below)

Visa
 Mastercard
 Switch*
 Delta
 Eurocard
 Amex

Card Number:

Expiry Date/...../..... Switch Issue Number

Names and addresses of your nominated Members or Affiliates in your organisation

Name:	
Position:	
Company/Address (if different):	
Country:	Post Code:
Telephone:	Extn:
Facsimile:	
E-Mail:	

Name:	
Position:	
Company/Address (if different):	
Country:	Post Code:
Telephone:	Extn:
Facsimile:	
E-Mail:	

Name:	
Position:	
Company/Address (if different):	
Country:	Post Code:
Telephone:	Extn:
Facsimile:	
E-Mail:	

Name:	
Position:	
Company/Address (if different):	
Country:	Post Code:
Telephone:	Extn:
Facsimile:	
E-Mail:	

Name:	
Position:	
Company/Address (if different):	
Country:	Post Code:
Telephone:	Extn:
Facsimile:	
E-Mail:	

Name:	
Position:	
Company/Address (if different):	
Country:	Post Code:
Telephone:	Extn:
Facsimile:	
E-Mail:	

For all additional Affiliate applications, please photocopy the sheet, complete and attach.
Please send your application to The Membership Department.

Signed on behalf of the company

Date

membership

