

# Membership Application



I have read and agree to the membership terms and conditions of the Georgian Logistics Association.

## Member Information

Organization Name: \_\_\_\_\_

ID code: \_\_\_\_\_

Field of business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Legal Details

Type of entity: \_\_\_\_\_

Director's First Name, Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Web: \_\_\_\_\_

## Contact Person

First Name, Last Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Please provide brief comments:

Please let us know your expectations from GLA membership.

---

---

---

---

---

Please let us know what should be our main priorities from your point of view.

---

---

---

---

---

Please advise in what capacity would you be involved in GLA's activities

---

---

---

---

---

First Name, Last Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_