

# Membership Application

Or go to [www.werc.org](http://www.werc.org) to join now!

MEMBERSHIP INFORMATION			
Have you ever been a member of WERC before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", what was your ID number?	
Prefix (Mr. Mrs., Ms.)	First Name	Middle Initial	Last Name
Suffix/Professional Designation (Jr., III, etc.)	Preferred Name (nickname)	Job Title	<input type="checkbox"/> Currently Not Working
Organization/University Name		Organization/Address/Suite #	
City	State/Prov/Region	Zip/Postal Code	Country
Phone	Extension	Cell Phone	Fax
Email Address (WERC does not rent email addresses)		Web Site	
Preferred Mailing Address <input type="checkbox"/> Same as above <input type="checkbox"/> Business Address <input type="checkbox"/> Home Address		Home Street Address/Apt #	
City	State/Prov/Region	Zip/Postal Code	Country
Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date (MM/DD/YYYY)*	What year did you begin in the industry in any capacity? (i.e., 2001?)*	
If you are Active Duty Military or a Veteran, select which branch*: <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Other: _____		Please list your current or final rank*	

*\*Information Not Required for Membership*

MEMBERSHIP CATEGORIES
Please place an X in the box that designates the membership category for which you are applying.
<input type="checkbox"/> <b>PRACTITIONER: \$275</b> - Individuals who practice the logistics/distribution profession. Select one: <input type="checkbox"/> Manufacturing firm <input type="checkbox"/> Government/Military <input type="checkbox"/> Association Executive/Non-Profit <input type="checkbox"/> Health Care Provider <input type="checkbox"/> Utility <input type="checkbox"/> Wholesaler <input type="checkbox"/> Distributor <input type="checkbox"/> 3PL or Logistics Provider (Operations) <input type="checkbox"/> Retailer/E-tailer/Direct Marketer /Cataloger
<input type="checkbox"/> <b>SUPPLIER: \$275</b> – Individuals who are employed by organizations who market or render products or services to those who practice the logistics/distribution profession. Select One: <input type="checkbox"/> 3PL or Logistics Provider (Sales) <input type="checkbox"/> Carrier/Forwarder/Customs Broker <input type="checkbox"/> Insurance/Financial Services <input type="checkbox"/> Consultant <input type="checkbox"/> Computer, Software, Services or Equip Provider <input type="checkbox"/> Staffing firm <input type="checkbox"/> Material Handling, Equip Mfg or Dealer <input type="checkbox"/> Executive Recruiting <input type="checkbox"/> Trade Media <input type="checkbox"/> Real Estate /Builder /Developer/ Architect
<input type="checkbox"/> <b>FULL-TIME EDUCATOR: \$80</b> – Individuals who are full-time members of the instructional staff of an accredited college, university, trade, technical, specialty or high school. <u>Educators must be listed in the membership directory under their Organization's name and provide school ID</u>
<input type="checkbox"/> <b>FULL-TIME STUDENT: \$40</b> – Individuals who are enrolled as full-time students in an accredited college, university, trade, technical, specialty or high school. <u>Applications require a copy of their full-time schedule and student ID.</u> Anticipated Graduation Date: _____

POSITION & PRIMARY JOB RESPONSIBILITY		
Choose Level or Responsibility:	Role within Company:	
<input type="checkbox"/> C-Level / Officer / President <input type="checkbox"/> Vice President or Executive Vice President <input type="checkbox"/> Director <input type="checkbox"/> General Manager <input type="checkbox"/> Manager <input type="checkbox"/> Supervisor <input type="checkbox"/> Staff	<input type="checkbox"/> Customer Service/Order Entry <input type="checkbox"/> Engineer <input type="checkbox"/> Finance/Accounting <input type="checkbox"/> General Manager/Office Management <input type="checkbox"/> Human Resources/Training <input type="checkbox"/> Inventory Management <input type="checkbox"/> IT (Information Technology) <input type="checkbox"/> Marketing	<input type="checkbox"/> Operations Management <input type="checkbox"/> Packaging <input type="checkbox"/> Production <input type="checkbox"/> Purchasing <input type="checkbox"/> Sales/Business Development <input type="checkbox"/> Transportation Management <input type="checkbox"/> Warehouse Associate

WERCouncil AFFILIATION			
Your WERC membership dues include affiliation to the WERCouncil of your choice. Please select one.			
<input type="checkbox"/> Arizona	<input type="checkbox"/> Florida	<input type="checkbox"/> North Carolina	<input type="checkbox"/> St. Louis
<input type="checkbox"/> Atlanta	<input type="checkbox"/> Indianapolis	<input type="checkbox"/> North Texas	<input type="checkbox"/> Tennessee
<input type="checkbox"/> Baltimore / Washington D.C.	<input type="checkbox"/> Michigan	<input type="checkbox"/> Northern California	<input type="checkbox"/> Toronto
<input type="checkbox"/> Chicagoland	<input type="checkbox"/> New England	<input type="checkbox"/> Ohio	<input type="checkbox"/> Utah
<input type="checkbox"/> E. Pennsylvania / Delaware	<input type="checkbox"/> New York /New Jersey /Connecticut	<input type="checkbox"/> South Carolina	<input type="checkbox"/> Washington State
		<input type="checkbox"/> Southern California	

PAYMENT			
Credit Card: <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Check Enclosed: \$			
Cardholder Name	Credit Card Number	Expiration Date (MM/YY)	
Signature (If you are completing this form electronically, please type your name as acknowledgement of your signature.)		Date	CVV
Credit Card Billing Address Street Address ►►			
City	State/Prov/Region	Zip/Postal Code	Country
<ul style="list-style-type: none"> <li>- WERC reserves the right to review your membership category. If we have questions, we will contact you for clarification.</li> <li>- Membership in the Warehousing Education and Research Council is on an individual basis only. Membership belongs to the individual –not to the organization–and is not transferable to another individual. Membership fees are non-refundable.</li> <li>- Membership fees are for one year of membership from the date the application is processed. WERC membership dues are not tax-deductible as a charitable contribution but may be deductible as a business expense. \$80 of the dues is for your subscription to the <i>WERCSheet</i>® newsletter.</li> </ul>			
I understand the terms and conditions of my WERC membership. Enter your initials here ►► _____			

**Thank you for your membership in WERC**

If you have any questions, please call WERC at (630) 990-0001 or email [wercoffice@werc.org](mailto:wercoffice@werc.org)

Please send this completed form with payment to:  
**WERC, 1100 Jorie Blvd., Suite 170, Oak Brook, IL 60523**

Or if paying by credit card, email to [wercoffice@werc.org](mailto:wercoffice@werc.org)

The best way to join WERC is online - [www.werc.org](http://www.werc.org)