

Note: Annual membership term runs from January 1 - December 31 Membership Year					
Member Infor	mation				
First Name	Last Name				
Street Address					
City		State	Zi	p Code	
Company Name			Phone		
E-mail					
Trade Activity	☐ Forwarder☐ Airline☐ Shipper	☐ Ocean Cari ☐ Trucking ☐ Other	rier		
Select Your Mo	embership Level				
Annual Member (1 calendar year)	○ Individual (\$35)○ Student (\$5)	_	orporate (\$3 etired (Hono	35) orary for Life)	

A copy of this form must accompany your payment. Membership dues can be paid at General Meetings/Events or mailed, with check, to:

Cleveland Freight Association P.O. Box 81002 Cleveland, Ohio 44181

Your membership is not effective until this form and payment has been received.

Please check \square this box to allow your information to be displayed on our website.