



P.O. Box 10705
GREEN BAY, WI 54307-0705

Application for Membership

Company Name: _____

Mailing Address: _____

City: _____

State: Wisconsin **Zip:** _____

Contact Name: _____

Title: _____

Phone: (_____) _____ - _____

Fax: (_____) _____ - _____

Email: _____

Web Site: _____

Company Profile:

Membership Type: (please check one)

Warehouse Member: _____ (Dues based on square footage)

Total square footage for all WI locations: _____ sq ft

Associate Member: _____ (\$250)

Type of Business/Industry: _____

Please email completed form to Jamie Wally at jamiewa@wowlogistics.com or
Fax to 920.734.2697