

CLDA Industry Leadership Advisory (ILAG) Group Application



Applicant Information

Full Name: _____ Date: _____
Last First M.I.

ILAG Contact: _____
(if different) Last First M.I.

Company Information: _____
Company Name Title/Position

Mailing Address: _____
Street City State Zip Code

Phone: _____ Email: _____

Are you a CLDA member in good standing as of March 1, 2021? Do you agree to provide 20 qualified membership leads (annually) to CLDA in the duration of your position?

Are you a non-courier member?

Do you agree to make an annual monetary contribution of \$4,500.00 to CLDA (due upon admittance)?

Leadership Objectives

Joining the ILAG will provide opportunities to make an impact for CLDA and the logistics and delivery industry. Please share some of your recommendations or objectives for what you would like to accomplish in this role.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

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