



MEMBERSHIP

APPLICATION

NAME

First Name

Last Name

ADDRESS

Street Address

Postal / Zip Code

City

State / Province

EMAIL

PHONE NUMBER

MEMBERSHIP TYPE Individual Corporate

SELECT ONE

Owner of a vessel: Vessel Name Hailing Port

Captain of a vessel: Vessel Name Hailing Port

Crew of a vessel: Vessel Name Hailing Port

Seafood Dock: Dock Name Address

Corporate: Business Name Address

Signature/Date _____