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MEMBERSHIP APPLICATION FORM

Company _____

Address _____

City _____ Prov/State _____ Postal Code _____

Main Phone _____ Cellular _____

Website _____

Named Representative _____

Email _____

Alternative Representative _____

Email _____

Briefly describe the interest group represented by your organization or the services offered by your company.

TYPE OF MEMBERSHIP – Please check one.

Full Membership – Votes are weighted 10-1 in this category

Organization (\$1600) per year Individual (\$160) per year

Associate Members – Non-voting

Organization (\$250) per year Individual (\$100) per year

Applications Signature _____ Date _____

Please make cheques payable to: Western Marine Community Coalition