

MEMBERSHIP APPLICATION
Representing Fishermen from Alaska to California

FISHING VESSEL OWNERS' ASSOCIATION

www.fvoa.org

Phone: (206) 284-4720 / 283-7735

FAX: (206) 283-3341

Vessel Name: _____

_____ Application Date

IFQ/Owner's Name: _____

_____ Vessel Home Port

Skipper's Name (if other than owner) _____

_____ Channel & Radio Call Ltr

Owner's Permanent Mail Address _____

_____ Phone & cell phone numbers

_____ City State Zip

_____ Fax Number

If Corporation Contact Person _____

_____ E-mail Address

For Social Events: _____
Spouse's Name

_____ Phone Number

_____ Children's Names, Ages

TYPE OF MEMBERSHIP: (CHECK ONE)

- Active Member - "Ice" Vessel
- Active Member - IFQ Holder
- Active Member - "Freezer" Processor
- Associate Member
- Sustaining Sponsor

- \$3000/Year plus poundage assessment
- \$550/Year plus poundage assessment
- \$3300/Year
- \$625/year - No Assessments
- \$300/year - No Assessments

Signature

Date

Make check payable to:

Fishing Vessel Owners' Assn.

Enclose check and mail to:

4005 - 20th Ave. West, Room 232
Seattle, WA 98199-1290

(206) 284-4720/283-7735

4/5/2007