



Membership Application Form

Name: _____ Company Name: _____

Primary Contact: _____ Additional Contacts: _____

Mailing Address: _____

Home Telephone: _____ Business Telephone: _____

Email: _____

Mobile Number: _____ Company website: _____

FAX #: _____

Please provide additional information about your interest in the aquaculture industry. For example, what products or services you provide.

2014 Finfish Membership Rate

| | |
|-----------|-----------------|
| 2014 Rate | \$200.00 |
| HST | \$ <u>28.00</u> |
| TOTAL | <u>\$228.00</u> |

Paid by: Cheque # _____
 Money Order
 Invoice

Signature

Date