



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 Supporting Membership Rate

2014 Rate	\$1000.00
HST	\$ 140.00
TOTAL	<u>\$1140.00</u>

Paid by: Cheque # _____
 Money Order
 Invoice

Signature

Date