



Port Townsend Marine Trades Association
giving voice to workers and industry

**APPLICATION FOR NEW or RENEWED
MEMBERSHIP**

DBA Name (*Doing Business As*)

_____ Legal Company

Name _____

_____ Company Description

_____ WA State UBI # (required

if in Jefferson County) _____ Corporation Sole

Proprietorship Partnership Other Number of Employees _____

Physical Address _____

City _____ State _____ Zip _____ Mailing

Address _____

City _____ State _____ Zip _____ Work

Phone _____ Cellphone _____ Fax _____ E-

mail _____ Website _____

Active (voting) yearly membership dues: \$100. Voting Members

Name _____ Alternate

Supportive (Non-voting) yearly membership Dues: \$25.

Every PTMTA Member must be an entity having a recognized and separate legal existence. PTMTA Board determines the suitability of Membership type. Application must be signed below by a Corporate Officer, Owner or Partner and must be accompanied by the required dues.

Signature _____ Date _____

Print Name _____

Title _____

PTMTA use only

Check # _____ Date Received _____ Beginning Membership Date _____

Signatory _____ Date _____