

APPLICATION FOR GENERAL MEMBERSHIP

Return Form to PO Box 1214 Port Townsend WA 98368 or drop off at Admiral Ship Supply

ALL PORTIONS OF THIS APPLICATION MUST BE COMPLETED & DUES RECEIVED FOR CONSIDERATION!

MEMBERSHIP TYPE	C(Circle one): Marine Trades/Vot	ting OR Associate/Non-voting (supporters of the MarineTrades)	
DBA Name (Doing Business As)			
Company Name & Description Type: Corporation Sole Proprietorship Partnership Other			
			Physical Address:
City:	State:	Zip:	
Mailing Address:			
Work Phone:	Cell Phone:	Fax:	
Website:	Email:		
VOTING MEMBERS ONLY:			
WA State UBI # (required):	State UBI # (required): Number of Employees		
Designation of Voting Membe	<u>er</u> - Each membership must designate a 1	member entitled to vote in PTMTA matters.	
Designated Voting member:	Email (if different from above)		
		darine Trades Association would like to conduct certain complete the following section to allow us to do so!	
Signature of Voting member:	Voting Member Printed Name:		
existence. This application must		ty or person to have a recognized and separate legal r, Partner or Sole Proprietor <u>and</u> must be accompanied by termine membership. Dues \$50.00	
Authorization Signature	Date		
Print Name	Title		
PTMTA USE ONLY BELOW:			
Payment Method or Check #	Date Received	Membership Year	
PTMTA Signatory	Date		