



CAPE COD MARINE TRADES ASSOCIATION
c/o Post Office Box 445 Harwich Port, MA 02646

APPLICATION FOR MEMBERSHIP

Company Name: _____

Principal Contact/Title: _____

Principal Contact Email: _____

Mailing Address: _____

Location, if different: _____

Owner's Name(s): _____

Phone Number: _____ ext _____ Fax Number: _____

Dues Contact: _____ Email: _____

Other contact: _____ Email: _____

Other contact: _____ Email: _____

Other contact: _____ Email: _____

Web Site: _____

Date Business was Established or Purchased: _____

Please briefly describe your business, products, and/or services:

Applicant Signature/Title: _____ Date: _____

CAPE COD MARINE TRADES ASSOCIATION MEMBERSHIP ENDORSEMENT

We, the undersigned, propose the above applicant for membership in the Cape Cod Marine Trades Association.

(1) _____
member signature

(2) _____
member signature

(1) Printed Name: _____

(2) Printed Name: _____

Company: _____

Company: _____

This page to be completed by CCMTA

Member: _____

Section I MEMBERSHIP COMMITTEE APPROVAL

(1) _____

(2) _____

Section II

CAPE COD MARINE TRADES ASSOCIATION BOARD OF DIRECTORS APPROVAL

Full Member Associate Member Complimentary Member