INDUSTRY SOLUTION PROVIDER MEMBERSHIP

DATE: ______________________________

The undersigned hereby applies for membership in The American Association of Port Authorities, subscribes to its Mission Statement and agrees to abide by its Certificate of Incorporation and Bylaws.

NAME OF PORT/FIRM: ________________________________________________________

CONTACT: ___________________________________________________________________

TITLE: _____________________________________________________________________

ADDRESS: __________________________________________________________________

__________________________

TELEPHONE: __________________________________________________________________

(Please add City and Country Code if applicable)

FAX NUMBER: __________________________________________________________________

E-MAIL ADDRESS: ____________________________________________________________

INTERNET ADDRESS: _______________________________________________________

YOUR WEEKLY AAPA ADVISORY NEWSLETTER WILL BE SENT ELECTRONICALLY. PLEASE PROVIDE E-MAIL ADDRESS: _________________________________

Please describe your firm (attach separate sheet if desired):

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

APPLICATION SHOULD BE ACCOMPANIED BY FEE FOR FIRST YEAR'S DUES. US$ 1,845.00*

Annual membership dues are US$1,845.00. *Current dues cover membership for 12 months from date of application.

SUBMITTED BY: __________________________________________________________________

Payments to The American Association of Port Authorities are not deductible as charitable contributions for federal income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses.

FORWARD TO: Membership Services
American Association of Port Authorities
1010 Duke Street
Alexandria, VA 22314-3589
Phone (703) 684-5700 Fax (703) 684-6321