



CANADIAN FERRY OPERATORS ASSOCIATION
ASSOCIATION CANADIENNE DES OPERATEURS DE TRAVERSIERS

PO Box 7235 Saint John, NB E2I 4S6

Tel: 1-506-433-4810

Fax: 1- 506-432-9505

adehoog@cfoa.ca

Membership Application & Invoice

Full Member

Any Body Corporate, department or agency of Government (Voting member)

Dues to be determined dues based on GRT of fleet, but minimum \$ 2,000 depending on fleet size

Associate Member

Any Person, Body Corporate, department or agency of Government (Non-Voting member)

Annual Dues are \$ 1,000.00

Individual Member

Any person interested through industry alliance in participating in the association (Non-Voting member)

Annual Dues are \$ 200.00

Name: _____ Title: _____

Email: _____ Website: _____

Company: _____

Nature of Business: _____

Street: _____

City: _____ Prov./State: _____

Postal Code: _____ Country: _____

Telephone: (_____) _____ Fax: (_____) _____

Sponsored by: _____

Additional names for Full and Associate Membership

(if Address, telephone or fax is different, please indicate below)

2. Name: _____ Title: _____ Email: _____

3. Name: _____ Title: _____ Email: _____

4. Name: _____ Title: _____ Email: _____

PAYMENT

Cheque: Make Payable in Canadian Currency to "Canadian ferry Operators Association"
Credit cards are accepted