



Marine Highways Cooperative

MEMBERSHIP APPLICATION

REGULAR MEMBER _____ (**\$1500 per calendar year**)

ASSOCIATE MEMBER _____ (**\$500 per calendar year, non-voting, must be approved by mem**)

ACADEMIC MEMBER _____ (**No Annual Contribution**)

COVERS MEMBERSHIP DUES THROUGH CY 2009

FULL NAME:	
JOB TITLE:	
COMPANY NAME:	
ADDRESS 1:	
ADDRESS 2:	
CITY & STATE:	
PHONE NO.:	
FAX NO.:	
E-MAIL ADDRESS:	

Please Make Checks Payable To

Marine Highway Cooperative

Mail To:

1730 M Street, NW, Suite 407

Washington, DC 20036-4517

(P) 202.775.4399

(F) 202.659.3795