

APPLICATION FOR MEMBERSHIP

A Letter of Recommendation and Company Profile must be submitted along with Application.

NAME OF APPLICANT (Company name) _____

NATURE OF BUSINESS _____

ADDRESS _____

ADDRESS TO WHICH CORRESPONDENCE SHOULD BE SENT (If different from above)

TELEPHONE _____ FAX () _____

E-MAIL: _____ WEBSITE: _____

MEMBERSHIP GROUP BEING APPLIED FOR: _____

(A) Ships' Agents & Private Stevedore Contractors

(B) Port Owners & Operators

(C) Ship Owners/Operators

(D) Non-Vessel Operating Common Carrier / Ocean Freight Forwarder

(E) Associate Membership

NAME OF REPRESENTATIVE (S) _____

ADDRESS OF REPRESENTATIVE (S) (If different from above) _____

ARE YOU A MEMBER OF YOUR NATIONAL ASSOCIATION? (If any) _____

ANNUAL SUBSCRIPTION FOR MEMBERSHIP IN GROUPS A, B, C or D:

US\$1,000.00

ANNUAL SUBSCRIPTION/CONTRIBUTION FOR NATIONAL ASSOCIATIONS

(Please contact the Secretariat – Tel: (876) 923-3491-2)

PLEASE LINK MY COMPANY'S WEBSITE TO CSA'S WEBSITE:

US\$1,000.00 per annum

SUBSCRIPTION ENCLOSED

AUTHORISED SIGNATURE _____

DATE _____