MEMBERSHIP APPLICATION
Representing Fishermen from Alaska to California

FISHING VESSEL OWNERS’ ASSOCIATION

www.fvoa.org
Phone: (206) 284-4720 / 283-7735
FAX: (206) 283-3341

Vessel Name: ____________________________________________________________

IFQ/Owner’s Name: _______________________________________________________

Skipper’s Name (if other than owner) _______________________________________

Owner’s Permanent Mall Address___________________________________________

City State Zip

If Corporation Contact Person _______________________________________________

For Social Events: _________________________________________________________

Spouse’s Name

TYPE OF MEMBERSHIP: (CHECK ONE)
[ ] Voting Member
[ ] Support Member
[ ] Associate Member (fishing operation)
[ ] Sustaining Sponsor (support industry)
[ ] Quota Share Holder

Signature

Make check payable to:

Enclose check and mail to:
(206) 284-4720/283-7735

2/15/2018

Application Date

Vessel Home Port

Channel & Radio Call Ltr

Phone & cell phone numbers

Fax Number

E-mail Address

Phone Number

Children’s Names, Ages

Date

Fishing Vessel Owners’ Assn.

4005 – 20th Ave. West, Room 232
Seattle, WA 98199-1290