

**MEMBERSHIP APPLICATION**  
Representing Fishermen from Alaska to California

**FISHING VESSEL OWNERS' ASSOCIATION**

[www.fvoa.org](http://www.fvoa.org)

Phone: (206) 284-4720 / 283-7735

FAX: (206) 283-3341

Vessel Name: \_\_\_\_\_

Application Date \_\_\_\_\_

IFQ/Owner's Name: \_\_\_\_\_

Vessel Home Port \_\_\_\_\_

Skipper's Name (if other than owner) \_\_\_\_\_

Channel & Radio Call Ltr \_\_\_\_\_

Owner's Permanent Mail Address \_\_\_\_\_

Phone & cell phone numbers \_\_\_\_\_

City State Zip

Fax Number \_\_\_\_\_

If Corporation Contact Person \_\_\_\_\_

E-mail Address \_\_\_\_\_

For Social Events: \_\_\_\_\_  
Spouse's Name

Phone Number \_\_\_\_\_

Children's Names, Ages \_\_\_\_\_

**TYPE OF MEMBERSHIP: (CHECK ONE)**

- Voting Member
- Freezer Member
- Associate Member (fishing operation)
- Sustaining Sponsor (support industry)

\$3300/year plus assessments  
\$3500/year - No Assessments  
\$700/year - No Assessments  
\$300/year - No Assessments

Signature \_\_\_\_\_

Date \_\_\_\_\_

Make check payable to:

**Fishing Vessel Owners' Assn.**

Enclose check and mail to:

4005 - 20<sup>th</sup> Ave. West, Room 232  
Seattle, WA 98199-1290

(206) 284-4720/283-7735

1/17/2012