



Connecticut Maritime Association, Inc.
One Stamford Landing, Suite 214
62 Southfield Avenue
Stamford, CT 06902

CMA MEMBERSHIP APPLICATION

Name: _____
Company: _____
Title: _____
Sponsor: _____

Please note that the Board of Governors will sponsor your membership as long as your application makes it clear that you are active in the maritime or international trade industries.

Home Address: _____

Office Address: _____

Please select the address you'd like to have the newsletter and all correspondence sent to:

- Home Office

Daytime Telephone: _____
Daytime Fax: _____
E-mail address: _____
Web Page address: _____

(next page please)

Please select a payment method:

<input type="checkbox"/> Visa #	Exp. Date:
<input type="checkbox"/> MasterCard#	Exp. Date:
<input type="checkbox"/> AMEX#	Exp. Date:
Security Code (the last 3 or 4 digits on the signature panel of your card)	
<input type="checkbox"/> Check (please make check payable to Connecticut Maritime Association)	

Applying as:

- an Individual Member (you must live or work in Connecticut) - US\$50/year
- an Associate Member (may live and work anywhere in the US) - US\$50/year
- a Retired Member - US\$25/year
- a Full-time Student - US\$25/year
- an International/Foreign Member - US\$70/year
- an International/Foreign Retired Member - US\$50/year

Business Designation: (Please select the **one** most appropriate – which best reflects the nature of your **Company's** business, not what you do in your company)

- | | |
|---|---|
| <input type="checkbox"/> AGT Agents | <input type="checkbox"/> IEX Importer or Exporter |
| <input type="checkbox"/> ARC Architects, Naval | <input type="checkbox"/> INS Insurance, Marine |
| <input type="checkbox"/> ATY Attorneys, Maritime | <input type="checkbox"/> MAN Manufacturer |
| <input type="checkbox"/> BRD Broker, Dry Cargo | <input type="checkbox"/> MAR Mariner |
| <input type="checkbox"/> BRS Broker, Sales & Purchase | <input type="checkbox"/> MED Media |
| <input type="checkbox"/> BRT Broker, Tanker | <input type="checkbox"/> OIL Oil Company/Trader |
| <input type="checkbox"/> CLS Classification Society | <input type="checkbox"/> PAA Port Authority/Association |
| <input type="checkbox"/> COT Commodities Trader | <input type="checkbox"/> SOO Shipowners/Operator/Manager |
| <input type="checkbox"/> COM Communications | <input type="checkbox"/> SRV Service Industry |
| <input type="checkbox"/> CON Consultant | <input type="checkbox"/> SUR Surveyors |
| <input type="checkbox"/> EDU Educator | <input type="checkbox"/> SYD Shipyards, Repair Services |
| <input type="checkbox"/> FFD Freight Forwarder | <input type="checkbox"/> TUG Tug/Barge Owner/Operator/Manager |
| <input type="checkbox"/> FIN Financial Services | <input type="checkbox"/> OTR Other - Please specify: |
| <input type="checkbox"/> GOV Government Services | |
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Please feel free to call (203) 406-0109 for further information or fax the completed application with your credit card number to (860) 350-3887. If you are sending a check, please mail the completed application and your check to:

Connecticut Maritime Association
Box 191
Brattleboro, VT 05302-0191 USA
Attn: Membership Committee