



Vendor Application Annual Meeting

Contact Name: _____

Company Name: _____

Mailing Address: _____

Billing Address : (if different from above) _____

Telephone: _____ Email Address: _____

Membership term is one calendar year from the date of the annual meeting.

Vendor Display Table: Annual Meeting **Sponsorship: \$200**
This includes a six foot display table and luncheon ticket

Please call your local Harbormaster's office providing you with this application to secure your place at our annual meeting.

My payment is by attached check: Check no. _____ Amount: _____

*I agree to the aforementioned terms and condition. Please make checks payable to and mail applications to the **Massachusetts Harbormaster Association Inc. 39 school Street, Rockport, MA 01966***

Signature of Vendor

Printed Name

Date