



Associate Vendor Member Application

Contact Name: _____

Company Name: _____

Mailing Address: _____

Billing Address : (if different from above) _____

Telephone: _____ Email Address: _____

Associate Member Dues: \$350

Membership term is for one calendar year from the date of the annual meeting. The associate membership entitles the vendor a link on the Massachusetts Harbormaster Association (MHA) web site, with prominent logo display. This web site is currently experiencing over 5000 hits/month. Preferred table location at the annual meeting, two sets of mailing labels for all MHA members, lunch for participants at the 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