

ASSOCIATION OF PACIFIC PORTS (APP) APPLICATION FOR ASSOCIATE MEMBERSHIP

Our organization (_____) joins the Association of Pacific Ports as an Associate Member by completing this application. We affirm APP's focus on promoting increased efficiency and effectiveness and providing a forum to network, exchange ideas, and discuss challenges and opportunities common to all ports and port-related industries throughout the Pacific.

Please add these contact(s) from our organization to APP's mailing list:

Name #1: _____ **Job Title:** _____

Email: _____

Name #2: _____ **Job Title:** _____

Email: _____

Name #3: _____ **Job Title:** _____

Email: _____

Mailing Address: _____

Website: _____

Phone: _____

Date of Application: _____



Membership year runs August 1-July 31. Annual Dues for Associate Members are \$625 USD. Please enclose a check in that amount. Please also enclose information about your firm that describes the services you provide so we may promote those services to our ports and include you as speakers/presenters at future APP events.

When completed, please mail with a check to:

**Association of Pacific Ports
PO Box 903
Clackamas, OR 97015 USA**

Our tax ID number is 94-1581549.

Please feel free to contact us with any questions. Thank you for joining APP!

**Association of Pacific Ports • PO Box 903, Clackamas, OR 97015 USA • 503-653-5868
Website: www.PacificPorts.org • Email: APP@pacificports.org**