



200 SW Market Street, Suite 190  
Portland, OR 97201  
TELEPHONE: 503-220-2518  
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## MEMBERSHIP APPLICATION

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE (    ) \_\_\_\_\_

FAX (    ) \_\_\_\_\_

E-MAIL \_\_\_\_\_

I hereby apply for membership with the Columbia River Steamship Operators Association and agree to abide within the Bylaws of the Association. I understand that there is a one-time \$500.00 membership initiation fee to new members, and membership dues are \$\_\_\_\_\_ annually.

DATE: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_