



WATERWAYS
COUNCIL, INC.

Membership Application

Yes, we want to join Waterways Council, Inc., in the fight to care and maintain for America's waterways infrastructure.

___ My organization's membership dues are enclosed

___ Please contact me with additional information about membership

Member Classification: ___ Assoc./Government ___ Carrier ___ Shipper ___ Waterways Service

Organization name:

Address _____

City _____ State _____ ZIP _____ - _____

Website _____

Representative:

Name _____ Title _____

Phone (____) _____ Fax (____) _____ E-mail _____

Address (if different from above) _____

City _____ State _____ ZIP _____ - _____

Alternates:

Name _____ Title _____

Phone (____) _____ Fax (____) _____ E-mail _____

Address (if different from above) _____

City _____ State _____ ZIP _____ - _____