



## MEMBERSHIP APPLICATION

Yes! We want to join Waterways Council, Inc., the national public policy group fighting for a properly funded and well-maintained system of inland waterways and ports.

Our membership dues are enclosed  
 Please bill us for \$\_\_\_\_\_ annually (see *Dues Schedule* document )

Organization \_\_\_\_\_

Billing Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

Website \_\_\_\_\_

Primary Representative:

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

Alternate(s):

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

Please Return to: Waterways Council, Inc. c/o Medina Moran 499 S. Capitol Street, SW, Suite 401, Washington, DC 20003 or [mmoran@waterwayscouncil.org](mailto:mmoran@waterwayscouncil.org)