

OCEAN STEWARDS INSTITUTE
MEMBERSHIP APPLICATION FORM

Ocean Stewards Institute's mission is: To represent and work towards the best use and management of the open oceans, meeting the increasing demand for healthful seafood, through appropriate balancing of the expansion of environmentally sound open ocean aquaculture, with protection of open ocean resources and habitats.

Please join and add your voice to our efforts.

Company: _____		
Principal Contact Name: _____	Title: _____	
Mailing Address: _____		
City: _____	State: _____	Zip Code: _____
Country: _____	E-Mail: _____	
Phone: _____	Fax: _____	

2010 Membership Dues
Please check level of membership desired

<input type="checkbox"/> Full (\$1,000)	(For Profit, Voting Members) Please indicate your primary role in open ocean industry: <input type="checkbox"/> Feed Company <input type="checkbox"/> Engineering / Equipment Co. <input type="checkbox"/> Aquaculture Producer <input type="checkbox"/> Seafood Broker/ Distributor <input type="checkbox"/> Food Service / Retail <input type="checkbox"/> Financial / Insurance <input type="checkbox"/> Other (please indicate):
May we publish your membership on the website? <input type="checkbox"/> YES <input type="checkbox"/> NO URL address: _____	

<input type="checkbox"/> Affiliate (\$100)	(Not For Profit, Non-Voting Members) Please indicate your primary interest: <input type="checkbox"/> Government/ Regulatory Agency <input type="checkbox"/> Academia <input type="checkbox"/> Media <input type="checkbox"/> NGO / Non-Profit
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Method of Payment:

Credit Card#: _____ **Expiration Date:** _____

Accepting:
 Visa, MasterCard,
 Discover, Diners Club

Check Enclosed: \$ _____ Total

Complete this order form and return it with your payment to:

Ocean Stewards Institute
Membership Services
750 9th Street, N.W., Suite 750
Washington, DC 20001
FAX: 1-202-393-5959

Payment may be made by check payable to **Ocean Stewards Institute** drawn on a U.S. bank in U.S. funds or by credit card.

By signing below, I authorize the use of my credit card number for the payment of membership dues to Ocean Stewards Institute and I certify that all statements on this application are true and complete to the best of my knowledge.

_____	_____
Applicant Signature	Date

Printed Name	

The ocean is our heritage, and our legacy.