

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: _____ |
| 2011 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) <input type="checkbox"/> Student* (\$25) | *We encourage your check as payment for these dues categories. Fees for credit card processing are expensive for a non-profit. Thank you for your cooperation and understanding. (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 |
| Method of Payment | |
| Credit Card#: _____ Expiration Date: _____ <small>Accepting: Visa, MasterCard, Discover, Diners Club *Name & Billing address for credit card must be included to process transaction.</small> | |
| Check Enclosed: \$ _____ Total Complete this order form and return it with your payment to: <div style="text-align: center;"> Ocean Stewards Institute Membership Services 750 9th Street, N.W., Suite 750 Washington, DC 20001 FAX: 1-202-393-5959 </div> | |
| 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 (above) | _____ Date: |
| _____ Printed Name: | |

The ocean is our heritage, and our legacy.