



Northwest Aquaculture Alliance

MEMBERSHIP APPLICATION

Individual or Company Name _____

Email _____

Mailing Address _____

City, State, Zip _____

Phone _____

Mobile _____

Billing/Contact Name _____

Website _____

Interest or Involvement in Aquaculture _____

Membership Category Selected _____

Yearly Fees/Dues Based on Membership Description \$ _____

MEMBERSHIP AGREEMENT

I would like to be considered for membership in the Northwest Aquaculture Alliance according to the provisions and conditions to its Articles and By-Laws. I acknowledge that I must be approved for membership by the NWAA Board of Directors and must keep my dues current to remain a member in good standing.

Signed _____ Date _____

Please return signed copy to NWAA, P.O. Box 8562, Covington, WA 98042, USA.