



# **THE SHIPPING FEDERATION OF CANADA LA FEDERATION MARITIME DU CANADA**

## **APPLICATION FOR AFFILIATED MEMBERSHIP**

1. NAME OF APPLICANT (COMPANY, PARTERSHIP, INDIVIDUAL, ETC.):

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2. ADDRESS OF HEAD OFFICE:

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3. TELEPHONE & FAX NUMBERS:

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4. E-MAIL ADDRESS & WEBSITE:

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5. PROVINCE(S) IN WHICH COMPANY HAS OFFICE(S):

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6. NAME OF COMPANY'S PRESIDENT:

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7. COMPANY'S MAIN SPHERE OF ACTIVITY:

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8. NAME & TITLE OF REPRESENTATIVE (& ALTERNATE) TO BE ACCREDITED TO THE FEDERATION IF THE APPLICATION IS ACCEPTED:

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*THE UNDERSIGNED APPLICANT HEREBY UNDERTAKES, ON ACCEPTANCE AS A MEMBER OF THE SHIPPING FEDERATION OF CANADA, TO BE BOUND BY ITS BY-LAWS AND TO PAY THE AGREED-UPON MEMBERSHIP FEES FOR THE PERIOD OF THE APPLICANT'S MEMBERSHIP IN THE FEDERATION.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_