Connecticut #arbor Management Association



2009-2010 Membership Invoice

MEMBER INFORMATION:

NAME (Commission, Harbormaster/Dep, Associate):						
Name of Chairperson:						
MAILING ADDRESS: _						
CITY		ST	ZIP CODE			
PHONE	FAX:	E-MAIL:				

MEMBERSHIP TYPE (Select one):

(
Harbor Commission	\$200
Associate member	\$40
Harbormaster/Deputy Harbormaster	\$40

PROFILE INFORMATION:

Commissions

1. Are you a full Harbor Management Commission?

- □ Yes, Date established _
- D Please attach list of Commission Members and date of appointment.
- □ No, please e-mail membership information

2. Do you have a State approved Harbor Management Plan?

- □ Yes, date approved _____
- □ No, date pending _____

Associate Member

Please indicate type of business or interest in CHMA membership:

Harbormaster/Deputy

Please indicate municipality served and date of appointment:

PAYMENT INFORMATION:

TOTAL ENCLOSED:_____ CHECK NUMBER: _____

> Please make checks payable to "CHMA" Mail Registration with payment to: Lou Allyn Treasurer 14 East Forest Road Mystic, Connecticut 06355

The CHMA is a non-profit, all-volunteer, professional organization.