G.N.O.B.F.A. APPLICATION FOR MEMBERSHIP ASSOCIATE MEMBER

Date_____

I,	(name),
representing	(company)
wish to become an ASSOCIATE member of the GREATE	ER NEW ORLEANS BARGE
FLEETING ASSOCIATION, INC. and hereby pledge to a	abide
by the Constitution and By-laws of the Association (per a completing the application).	ttached, please read before

COMPANY	
MAILING ADDRESS	
EMAIL ADDRESS	
OFFICE LOCATION	
FLEET LOCATION	
PHONE NUMBERS	DAY
	NIGHT
	FAX

TWO PEOPLE TO RECEIVE GNOBFA NOTICES & PUBLICATIONS Name & email for each (all notices will be sent via email).

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CHOICE ONE OF FOLLOWING TO QUALIFY FOR ASSOCIATE:		
FLEET OPERATOR (w/capacity of less than 8 barges)		
MILEAGE POINT LEFT OR RIGHT DESCENDING BANK		
BARGE CAPACITY (must be less than 8)		
TYPE OF BARGES FLEETED		
PUBLIC OR PRIVATE FLEET (CIRCLE ONE)		
CHANNELS MONITORED		
BARGE OWNER or OPERATOR (of no less than 8 barges)		
BOAT OWNER or OPERATOR or BROKER		
WHERE DO YOUR BOATS WORK		
VESSEL NAMES & HP		

ANNUAL MEMBERSHIP DUES - Associate\$ 825.00INITIATION FEE (One Time Charge)\$ 100.00TOTAL DUE WITH THIS APPLICATION\$ 925.00IT IS UNDERSTOOD THAT YOUR CHECK IS REFUNDABLE SHOULD YOUR
APPLICATION NOT BE APPROVED.\$ 000

YOUR INITIATION FEE & ANNUAL DUES WILL BE IN ADDITION TO PERIODIC MEMBERSHIP MEETING, SPECIAL EVENTS & FUNCTION EXPENSES.

APPLICANT'S SIGNATURE	DATE
MEMBERSHIP APPROVED BY:	MEMBERSHIP APPROVED BY: BOARD OF GOVERNORS
SECRETARY or MEMBERSHIP CHAIR	PRESIDENT
DATE	DATE

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PLEASE PRINT OR TYPE CLEARLY

1 - Member Company Name	e:	
2 - Membership Category	ASSOCIATE	
3 - Type of Operation: (Check	K ONE under the membership type for your company)	
ASSOCIATE MEMBER		
	(capacity of less than 8 barges)	
[] <u>Public Fleet</u>	[] Private for	
	<u>'owboat Owner/Operator</u>	
[] <u>Towboat Owner</u>		
	er/Operator (8 or more barges)	
[] <u>Towboat Broker</u>		
4 - Personnel (name, position, contact numbers - phone, pager, cellular, home, etc.)		
4 - Mailing Address		
5 - Office - Address		
- Phone Number		
- Fax Number		
- E-Mail Address		
- Webpage Address		
18	lete information for all locations & attach)	
6 - Fleet (if more than one fleet, complete information for all locations & attach) - Physical Address		
- Phone Number		
- Fax Number		
	Channel	
- Mile Point	- Channel	
7 - Vessel(s) (name & horsepower)		
8 - Other services and/or inf	formation about your company	
(i.e. area serviced, services specialized in, repair & cleaning services, etc.)		
If add	ditional space is needed for any category of information, please attach.	
	I you have any questions, please feel free to contact any Board Member	
	-	

Fees payable to: GNOBFA Mail Application and Fees to: G.N.O.B.F.A. Membership Chairman P.O. Box 232 Hahnville, LA 70057

Revised 1/1/2019 ... File Name "Associate Membership Application"