

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

Date _____

I, _____ (name),
representing _____ (company)
wish to become a REGULAR member of the GREATER NEW ORLEANS
BARGE FLEETING ASSOCIATION, INC. and hereby pledge to abide
by the Constitution and By-Laws of the Association (per attached, please
read before completing the application).

COMPANY _____

MAILING ADDRESS _____

OFFICE LOCATION _____

FLEET LOCATION _____

PHONE NUMBERS -- DAY _____

NIGHT _____

FAX _____

VOTING DELEGATE _____

POSITION _____

EMAIL _____

HOME PHONE NUMBER (optional) _____

VOTING ALTERNATE _____

POSITION _____

EMAIL _____

HOME PHONE NUMBER (optional) _____

NOTE: The Delegate and Alternate will be sent all notices via email.
Two additional (max) may be added. Provide Name and eMail address.

G.N.O.B.F.A. - APPLICATION FOR MEMBERSHIP - REGULAR MEMBER

FLEET INFORMATION (IF MORE THAN ONE FLEET, PLEASE PREPARE & ATTACH THAT INFORMATION TO YOUR APPLICATION)

MILEAGE POINT _____ LEFT OR RIGHT DESCENDING BANK

BARGE CAPACITY (must be 8 or more) _____

TYPE OF BARGES FLEETED _____

PUBLIC OR PRIVATE FLEET (CIRCLE ONE)

CHANNELS MONITORED _____

VESSEL NAMES _____ H.P.

ANNUAL MEMBERSHIP DUES - Regular \$ 725.00

INITIATION FEE (One Time Charge) \$ 100.00

TOTAL DUE WITH THIS APPLICATION **\$ 825.00**

IT IS UNDERSTOOD THAT YOUR CHECK IS REFUNDABLE SHOULD YOUR APPLICATION NOT BE APPROVED.

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

PLEASE PRINT OR TYPE CLEARLY

1 - Member Company Name: _____

2 - Membership Category REGULAR

3 - Type of Operation: (Check ONE under the membership type for your company)

REGULAR MEMBERS:

Fleet (select type) (capacity of 8 or more barges)

Public Fleet

Private for _____

Public Fleet & Towboat Owner/Operator

Towboat Owner/Operator

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 _____

6 - Fleet (if more than one fleet, complete information for all locations & attach)

- Physical Address _____

- Phone Number _____

- Fax Number _____

- Mile Point _____ - Channel _____

7 - Vessel(s) (name & horsepower)

8 - Other services and/or information about your company

(i.e. area serviced, services specialized in, repair & cleaning services, etc.)

If additional space is needed for any category of information, please attach.
Should you have any questions, please feel free to contact any Board Member

Mail Application and Fee payable to:

G.N.O.B.F.A.

Membership Chairman

P. O. Box 232

Hahnville, LA 70057