

## Allied Membership Application



### Company Information:

Business Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Products/Services your company offers: \_\_\_\_\_

### Allied Membership Level:

(View benefits online at: [http://pcsga.org/about\\_PCSCGA/?about=allieddues](http://pcsga.org/about_PCSCGA/?about=allieddues))

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Subscriber | <input type="checkbox"/> Sustaining |
| <input type="checkbox"/> Friend     | <input type="checkbox"/> Corporate  |
| <input type="checkbox"/> Associate  | <input type="checkbox"/> Patron     |

Amount enclosed: \$ \_\_\_\_\_

### Payment Option:

Check (Make payable to PCSGA)

VISA or MC # \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Please Mail or Fax to:**  
**Pacific Coast Shellfish Growers Association**  
**120 State Ave. NE #142**  
**Olympia, WA 98501**  
**(360) 754-2744 office**  
**(360) 754-2743 fax**