



**WHALE WATCH
OPERATORS**
Association Northwest
www.wwoanw.org

**PO Box 2404
Friday Harbor, WA 98250-2404
USA
New Membership Application / Annual Dues & Seat
Assessment --- Invoice**

Company Name _____ Insurance Company _____

Mailing Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Fax _____ Cell _____

Best Email _____ Web _____

General description of activity _____ Years in Business _____

Complete below for each vessel operated

Vessel Name _____ OfficialNumber _____ Tonnage _____ CertCap _____

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1. Please enclose a copy of the "Certificate of Inspection" or "Annual Survey" listing certified passenger capacity for each vessel operated. If the above is not available please submit "Certificate of Registry" or "Vessel Registration" document copy
2. To activate your membership, please enclose the **Annual Dues of \$300 USD**
3. Please enclose the Seat Fund Assessment of \$10 USD per seat certified capacity (\$5 USD per seat certified capacity if the vessel **never** makes more than one wildlife trip per day), (**Due June 30**) Post dated checks will not be deposited until June 30
4. Please make your check (cheque) payable to: WWOANW and Mail to: WWOANW

PO Box 2404
Friday Harbor WA 98250

5. I am a duly authorized representative and hereby apply for membership in the WWOANW. We agree to abide by and follow the Best Practices Guidelines and Bylaws at all times and attend meetings as they are called.

Signature _____ Date _____

Printed Name _____ Position _____

Incomplete submissions will not be accepted

2-23-08