



SEACOAST SHIPYARD ASSOCIATION

MEMBERSHIP FORM

NAME: _____ DATE: _____

SHIPYARD/TENANT ACTIVITY EMPLOYEE: Yes No

BUSINESS (if applicable): _____

MAILING ADDRESS:

Street _____

City/Town _____ State _____

Zip Code _____ Phone _____

The Individual/Business listed above hereby applies for membership in the
SEACOAST SHIPYARD ASSOCIATION

Dedicated to the Welfare & Development of the Portsmouth Naval Shipyard

Membership contribution of \$ _____ is made at this time.

APPLICANT SIGNATURE: _____

MEMBERSHIP FEES:

Individual Membership: \$25

Family Membership: \$35

Suggested Business Membership: 1-4 Employees: \$50

5-10 employees \$100

11-100 employees: \$250

101-250 employees: \$500

More than 250 employees: \$1,000

SEACOAST SHIPYARD ASSOCIATION EIN: 02-0265756

**Mail completed forms to address below with check or money order.*