



ASBA AFFILIATE MEMBERSHIP APPLICATION FORM

Date:

Mrs. Jeanne L. Cardona
Association of Ship Brokers and Agents (U.S.A.), Inc.
510 Sylvan Ave., Suite 201
Englewood Cliffs, NJ 07632

Dear Mrs. Cardona:

We hereby apply for Affiliate Membership in the Association of Ship Brokers and Agents (U.S.A.), Inc. We have read the By-Laws. If elected to such Membership, we agree to abide by the By-Laws and Code of Ethics of the Association.

..... was established in of
(COMPANY NAME) (MONTH) (YEAR)

in , and has been in business as a in the
(CITY/STATE) (TYPE OF BUSINESS)

United States for years. The firm is a partnership corporation
(NUMBER OF) (CHECK ONE)

organized incorporated under the laws of the State of
(CHECK ONE)

The following persons are managers officers of the firm:
(CHECK ONE)

NAME	TITLE/CITIZENSHIP
.....
.....
.....
.....
.....

Please disclose Company Ownership if other than the principals listed above.
(Such information will be held in confidence and divulged only to Membership Committee and Board Members.)

.....
.....
.....
.....

The company's present involvement includes: (list current business activities)_
.....
.....
....., and

510 SYLVAN AVE, STE 201
ENGLEWOOD CLIFFS
NEW JERSEY 07632
TEL: (201) 569-2882
FAX: (201) 569-9082
ASBA@ASBA.ORG
WWW.ASBA.ORG



the following persons are actively engaged in the business:

.....
.....
.....
.....
.....

FULL STYLE (TO BE USED ON ROSTER/WEB SITE):

.....
COMPANY NAME

.....
FULL ADDRESS

.....
TELEPHONE NUMBER

.....
FAX

.....
WEB SITE

.....
EMAIL

.....
CONTACT PERSON

A copy of this letter is being forwarded to

Mr./Mrs. of
(NAME) (COMPANY)

and Mr./Mrs. of
(NAME) (COMPANY)

members in good standing of the Association, who have agreed to act as our sponsors.

For the sake of good order a copy of our letterhead, including our full style is attached hereto. We look forward to a favorable response from the Board and the membership.

Very truly yours,

.....
(SIGNATURE)

.....
(NAME & TITLE)

.....
(COMPANY)

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