



GREAT LAKES MARITIME TASK FORCE

One Maritime Plaza – 3rd Floor • Toledo, OH 43604

APPLICATION FOR OPERATING MEMBERSHIP

COMPANY/ORGANIZATION:		
ADDRESS:		
ADDRESS:		
CITY:	STATE:	ZIP:
GLMTF REPRESENTATIVE NAME:		
TITLE:		
TELEPHONE:	FAX:	
E-MAIL:	WEB SITE: WWW.	

MARITIME INTEREST GROUP (MIG) — CHECK ONE:

- | | |
|--|---|
| <input type="checkbox"/> MARINE CONSTRUCTION COMPANIES | <input type="checkbox"/> SHIPYARDS |
| <input type="checkbox"/> MARINE SERVICE PROVIDERS | <input type="checkbox"/> SHORESIDE LABOR |
| <input type="checkbox"/> PORT AUTHORITIES | <input type="checkbox"/> TERMINAL OPERATORS |
| <input type="checkbox"/> SHIPBOARD LABOR | <input type="checkbox"/> VESSEL OPERATORS |
| <input type="checkbox"/> SHIPPERS | <input type="checkbox"/> OTHER* |

* GLMTF does not officially have an "Other" MIG. However, if at least three members who do not fall into any of the above membership groups wish to form a new MIG, they may request formation of a new MIG, which then must be approved by the entire membership.

BRIEF DESCRIPTION OF CO.'S/ORG.'S INVOLVEMENT WITH GREAT LAKES SHIPPING:

I, ON BEHALF OF _____, HAVE REVIEWED

✎ INSERT COMPANY'S/ORGANIZATION'S NAME ✎

GREAT LAKES MARITIME TASK FORCE'S POLICY STATEMENT AND POSITION PAPERS AND DECLARE TO BE IN TOTAL AGREEMENT WITH SAME. I FURTHER AGREE TO PAYMENT OF ANNUAL DUES OF \$500.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

REMIT COMPLETED APPLICATION TO:	MR. GLEN G. NEKVASIL SECRETARY, GREAT LAKES MARITIME TASK FORCE FAX: 440-333-9993 -OR- E-MAIL: info@glmtf.org
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