



121 Port Augusta, Comox BC V9M 3N8, Telephone (250) 339-3970 email: contact@haa.bc.ca

HAABC Membership Application

Harbour / Business Name: _____

Contact Name: _____

Title: _____

Mailing Address: _____

Physical Address (if different from above): _____

Telephone: _____

Facsimile: _____

Email: _____

Web Site: _____

Please select the membership type for which you are applying below:

Voting Membership (harbours under the SCH Harbour Authority Program).
\$150.00 / year

Non-Voting Membership (any public harbour in BC that is not under the SCH Harbour Authority Program).
\$200.00 / year

Associate Non-Voting Membership (private harbours or marine related businesses).
\$200.00 / year

Please describe your reason for wanting to be a member of the HAABC.

How do you feel your organization would benefit the HAABC and its members?

How do you feel the HAABC can benefit your organization?
