



## HAABC Membership Application

Harbour / Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

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

\_\_\_\_\_ **Voting Membership \$300 / Year**  
(Harbours under the SCH Harbour Authority Program)

\_\_\_\_\_ **Non-Voting Membership \$350 / Year**  
(any public harbour that is not under the SCH HA Program)

\_\_\_\_\_ **Associate Non-Voting Membership \$350 / Year**  
(Private Marinas or Marine related businesses)

