



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 \$400 / Year**
(Harbours under the SCH Harbour Authority Program)

_____ **Non-Voting Membership \$450 / Year**
(any public harbour that is not under the SCH HA Program)

_____ **Associate Non-Voting Membership \$450 / Year**
(Private Marinas or Marine related businesses)

