

PORTS OF PHILADELPHIA MARITIME SOCIETY

APPLICATION FOR MEMBERSHIP

P. O. Box 1374, Linwood, PA 19061

www.portsofphilamaritimesociety.com

I, _____ wish to make application for
membership in the Ports of Philadelphia Maritime Society
and enclose Thirty-Five Dollars (\$35.00) in payment of one year's dues.

Name of Firm _____

Business /Mailing
Address _____

Address _____

City _____

State & Zip _____

Title _____

Contact Telephone _____ FAX _____

E:Mail Address _____

If elected to membership, I will abide by the Constitution and By-Laws of the Society.

Signature of Applicant

Date

I hereby certify that the applicant, _____ is of good character
and reputation and worthy of Membership in the Ports of Philadelphia Maritime Society.

PROPOSER: _____ COMPANY or
ADDRESS: _____

We, the undersigned Membership Committee, elect _____
as a Member of the Ports of Philadelphia Maritime Society.

Committee
Members _____

Date Approved _____