



# MEMBERSHIP APPLICATION

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Website \_\_\_\_\_ Email \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 Sponsoring Member \_\_\_\_\_

Attached is a Check Payable to AVDA for \$ \_\_\_\_\_

## ACTIVE MEMBERSHIP

A vessel documentation business whose principal means of livelihood is derived from providing such services (statutory member).

Name of Representative: \_\_\_\_\_ Name of Alternate: \_\_\_\_\_

Annual Dues: \$200 plus one time application fee: \$100

### CRITERIA FOR MEMBERSHIP

1. Provide proof of existence as a separate entity (tax id number, checking account, certificate of business, etc.) whose primary source of income is from documentation including but not limited too:

- a. Evidence of Organizational Structure
- b. Operating Agreement by whatever name
- c. Tax I.D. Number
- d. Business License
- e. E&O Policy of 1 million dollars

2. Evidence of a minimum of 2 consecutive years of vessel documentation experience by the beneficial owner(s) and of potential representatives of the company.

3. Written references: two from current Active AVDA members, one from a marine-related entity and one from a banking institution that is a member of National Marine Lenders Association.

4. A statement that the organization and its beneficial owner(s) are of good moral character and conducts its affairs in an honest, trustworthy and reputable manner; and has not been convicted of a crime of moral turpitude.

Signature: \_\_\_\_\_ Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

## AFFILIATE MEMBERSHIP

A person or entity engaged in a marine-related business, other than a vessel documentation service, i.e. marine insurer (non-statutory member), lender, maritime attorney, yacht broker, marine surveyor or other marine related industry **NOT engaging in vessel documentation.**

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Annual Dues: \$300 plus one time application fee: \$100

### CRITERIA FOR MEMBERSHIP

1. Written referral from a current Active AVDA member.

2. I state that I am of good moral character and that the named applicant conducts its affairs in an honest, trustworthy and reputable manner; applicant has not been convicted of a crime of moral turpitude.

Signature: \_\_\_\_\_ Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

## SUPPLEMENTAL INFORMATION

Office (2) Address _____ _____	Other Affiliations _____ _____
Office (2) Tel & Fax _____ _____	Interests & Hobbies _____ _____

**Please answer the following questions and return with your application.**

What has prompted your company to apply for membership with AVDA?

What do you feel your company will contribute to our association?

If approved, will you attend annual meetings?

If approved as a Member, will you allow Active AVDA members to prepare and file your paperwork if the client or broker has requested their services?

**All applications must be approved by the board.**