



Required Information

Company Name:

Name:

Address:

Address 2:

City:

State:

Zip Code:

Phone:

Fax:

Email:

Membership Level	Please Check Appropriate Level	Applicable Annual Dues
MSRA - Ship Repairer	<input type="checkbox"/>	\$2500
Contractor/Subcontractor	<input type="checkbox"/>	\$1500
Material/Labor Supplier	<input type="checkbox"/>	\$750
Material/Labor Supplier	<input type="checkbox"/>	\$500

Optional Information

Please check the box(es) of any of the committees you are most interested in.

- Environmental Health and Safety
- Human Resources
- Contracts
- Membership
- Quality Assurance
- Political Action