



PCVA 2018 MEMBERSHIP APPLICATION

Company Name _____

Mailing Address _____

Website _____

Company Representative _____

Position _____

Contact Email _____

Billing Email (e-invoices) _____

Telephone _____

<input type="checkbox"/> ACTIVE		<input type="checkbox"/> ASSOCIATE	
	Day Only	Overnight	
Operations			
Basic Fee	_____	_____	_____
Capacity Assessment			
a) Number of vessels in fleet	_____	_____	
b) Fleet passenger capacity	_____	_____	
c) Capacity Rate	_____	_____	
Capacity Fee (b X c)	_____	_____	
Sub-total Fee (\$2500 maximum)	_____	_____	
Less 2018 PCVA reduction	_____	_____	
Subtotal	_____	_____	_____
Add HST	_____	_____	\$ _____
Total Due	\$ _____	\$ _____	\$ _____

Passenger & Commercial Vessel Association
 249 Queens Quay West, Unit 110
 Toronto ON M5J 2N5

BN 781838313 GST/HST 78183 8313 RT0001