## Petersburg Vessel Owners Association

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## **PVOA Business Membership Application**

| Date:   |             |
|---|-------------|
| Business Name:                                    |             |
| Contact Name:                                     |             |
| Mailing Address:                                  |             |
| City:   | State: Zip: |
| Phone:  | Cell:       |
| Email:  |             |
| Website:  |             |
| Please give a brief description of your business: |             |
|   |             |
|   |             |

Please include a business card for the PVOA newsletter.

Business \$275 ♦ Associate \$350 ♦ Full \$1,200