

Harbour Authority of Cheticamp

15461 Cabot Trail,

P.O. Box 178, Cheticamp, NS, B0E 1H0

E-Mail: harbour.authority@ns.aliantzinc.ca

Phone: (902) 224-3009 Fax: (902) 224-1215

Application for Membership

I _____ hereby apply for Membership in the Harbour Authority of Cheticamp, NS.
(please print)

I agree to follow and accept the Policies & Procedures (rules) of the Harbour Authority of Cheticamp.

I understand that this membership will be a voting or non voting membership, as determined by the criteria included in the rules and regulations of the Harbour Authority of Cheticamp and that this membership is non transferable.

I understand that this membership may be terminated by the Board of Directors of the Harbour Authority of Cheticamp at any time.

Name of Applicant: _____

Name of Vessel: _____

Vessel Registration # (VRN) _____

Length of Vessel (LOA): _____

Mailing Address of Applicant: _____

Phone #: _____

_____ E-mail Address: _____

(Signature of Applicant)

(Date of Applicant)

(Date approved by the Board of Directors)

Signature

Termination of Agreement

I _____ hereby cancel my Membership in the Harbour Authority of Cheticamp, NS.
(please print)

Signature

(date)

(Harbour Authority Office)