

PURSE SEINE VESSEL OWNERS' ASSOCIATION

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2018 – BUSINESS MEMBER

ASSOCIATE MEMBER INFORMATION

Business Name: _____

Type of Business: _____

Address: _____

Website: _____

Phone: _____ Fax: _____

Email Address: _____

Contact Person(s): _____

Please enclose a check for \$500.00 and return to P.S.V.O.A.

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