



Kodiak Association of Charterboat Operators

P.O. Box 1031 Kodiak, Alaska 99615-1031 / www.kodiakaco.com / kodiak.kaco@gmail.com

Membership Application

Applicant's Printed Name

Applicant's Business Name

Address

City

State

Zip

(_____) _____
Phone

Email

Web Site

Check One Applying for a full voting membership, \$100.00 annual membership fee.
(Must be a person or business in the charter boat industry and is subject to approval by the board of directors)

Applying for an associate membership \$50.00 annual membership fee.
(Any person or business may apply)

A check for the appropriate membership fee must accompany this application in order for it to be accepted. All memberships include a listing on KACO's web site.

Applicants Signature

____/____/____
Date

Accepted By (Printed Name of KACO Representative)

Signature (of KACO Representative)