



Armateurs
du Saint-Laurent
St. Lawrence Shipoperators

MEMBERSHIP FORM – ACTIVE MEMBER

To be completed and faxed to: 418-649-6495

Or by e-mail: asl@portquebec.ca

COMPANY:

TYPE OF ACTIVITIES:

TYPE AND NUMBER OF SHIPS:
(if applicable)

Cargo Ships:	_____	t.j.b. :	_____
Tugs:	_____	forces :	_____
Barges, dragnets and Bulk carriers :	_____	t.j.b. :	_____
Passengers Ferries :	_____	nbre pass.:	_____
General Cargo :	_____	per unit:	_____

REPRESENTATIVE:

TITLE :

ADDRESS:

CITY AND PROVINCE:

POSTAL CODE:

PHONE NUMBER:

DIRECT LINE:

FAX NUMBER:

FREE LINE:

CELL PHONE:

E-MAIL

Name of your assistant:

Phone number:

WEB SITE :
