



Armateurs
du Saint-Laurent
St. Lawrence Shipoperators

Membership Form - Associates

(to be completed and returned by fax to: 418-649-6495
or/and by e-mail: asl@portquebec.ca)

Company:

Address:

City:

Postal Code:

Phone:

Fax:

E-mail :

Web Site:

Activities

Name of the representative:

Title:

Signature:

Date:
