



Founded in 1917

“Join us.... and stay informed”

Company Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ **Fax:** _____

Email: _____

Company Representative: _____

Title: _____

ANNUAL DUES

FULL MEMBER: -

Ocean Transportation Intermediary (Freight Forwarder or NVOCC) and/or a Customs Broker who regularly transact business through the Port of New York/New Jersey

By Number of Employees
(Please check appropriate category)

- | | | |
|------------|-----------------------|-------|
| 1-19 | <input type="radio"/> | \$425 |
| 20-39 | <input type="radio"/> | \$550 |
| 40-59 | <input type="radio"/> | \$675 |
| 60 or more | <input type="radio"/> | \$775 |

AFFILIATED MEMBER -

Affiliated members shall consist of persons, firms, partnerships, or corporations who are engaged in a business related to international trade services but are not licensed as per Full Member requirements. Such affiliate members may attend general membership meetings, but may not vote, hold office or have an interest in the property of the Association.

\$500

SUBSCRIPTION MEMBERS

Out of state brokers/forwarders wanting to receive email distributions and alerts

\$200

NY/NJ Foreign Freight Forwarders & Brokers Association, Inc. • PO Box 8217 • Red Bank, NJ • 07701

Tel: 732.741.1936 • FAX: 732.747.1161 • www.nynjforwarders-brokers.org • Page 1

ADDITIONAL MEMBERSHIP INFORMATION

FULL MEMBERS ONLY:

To be eligible as a voting member of the Association, the applicant must be authorized to carry on the business of ocean or air freight forwarding, non-vessel operating common carriage, or Customs brokerage by the agency having jurisdiction over such activity. Membership shall automatically cease if a member is no longer authorized to act as an ocean freight forwarder (OTI-1), air freight forwarder (IAC), non-vessel operating common carrier (OTI-2), or Customs broker (CHB), or is no longer engaged in such business.

Please check all categories that apply:

Ocean Transportation Intermediary _____ FMC Number _____

Customs Broker _____ CHL Number _____

Air Freight Forwarder/Air Cargo Agent _____

Number of years in business as an OTI or Customs Broker: _____

Date & State of Incorporation _____

ALL APPLICANTS:

We hereby make application for membership in the NY/NJ Foreign Freight Forwarders and Brokers Association, Inc. and if accepted, agree to abide by the By-Laws of the Association and all duly passed resolutions.

Signature of Officer, Proprietor or Partner _____

Name _____ Title _____

Representative at NY/NJ FFF&BA meetings if different than page 1 of application:

Name: _____ Position _____

Email: _____

References: Please list one current member

Name _____ Position _____

Email: _____

Enclose Payment with Application – Check Made Payable to NYNJFFF&BA or for Payment by Credit Card complete the following:

Credit Card Number _____ Expiration Date ____/____/____

Name on card: _____

Billing address of credit card: _____

FOR INTERNAL USE ONLY:

Proposed by _____

Seconded by _____