



*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 have their place of business within 100 miles of the Port of New York/New Jersey.

By Number of Employees in the NY/NJ area offices only:  
(Please check appropriate category)

- |            |                       |       |
|------------|-----------------------|-------|
| 1-19       | <input type="radio"/> | \$375 |
| 20-39      | <input type="radio"/> | \$500 |
| 40-59      | <input type="radio"/> | \$625 |
| 60 or more | <input type="radio"/> | \$725 |

### **AFFILIATED MEMBER** -

A person, firm or corporation engaged in a business related to international trade services and OTI Brokers who do not meet the 100 mile radius as stated for the full membership qualifications.

\$450

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](http://www.nynjforwarders-brokers.org) • Page 1

## ADDITIONAL MEMBERSHIP INFORMATION

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### FULL MEMBERS ONLY:

To be eligible for FULL MEMBERSHIP the applicant must be authorized to carry on the business of Ocean Transportation Intermediary or Customs Brokerage by the federal agency having jurisdiction over such activity and shall have been engaged in such business for a period of three years prior to their application for membership in the NY/NJ Foreign Freight Forwarders & Brokers Association, Inc.

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: \_\_\_\_\_

(Three years required for membership)

Date & State of Incorporation \_\_\_\_\_

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### 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: \_\_\_\_\_

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### FOR INTERNAL USE ONLY:

Proposed by \_\_\_\_\_

Seconded by \_\_\_\_\_