

Founded in 1917

## "Join us.... and stay informed"

Company Name: _						
Address:						
City/State/Zip:						
Phone:		Fax:				
Email:						
Company Representative:						
Title:		·				
	ANNU	AL DUES	;			
	t: - tation Intermediary (Freig ansact business through th					s Broker
	By Number (Please check a					
	1-19	Ο	\$475			
	20-59	Ο	\$650			
	60 or more	0	\$850			
business related Such affiliate me	EMBER - ers shall consist of person I to international trade sere embers may attend genera e property of the Associati	vices but ar al members	re not lice	nsed as per	Full Memb	er requirements.
		0	\$500			
SUBSCRIPTION Out of state brok	N MEMBERS Kers/forwarders wanting to	receive en	nail distrib	outions and	alerts	
		0	\$200			
NY/NJ Foreign Freight Fo	orwarders & Brokers Associat	ion, Inc. •	PO Box 31	6 • Middle	town, NJ •	07748
Tel: 732.741.1936	• FAX: 732.533.2247 •	www.nynj	forwarders-	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	NCBFAA Member						
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 Partn	er						
lame Title							
Representative at NY/NJ FFF&BA meeti	ngs if different than page 1 of application:  Position						
Email:							
References: Please list one current mer	mber						
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:							