



MOTN Membership Registration Form

(Please complete and return with your payment by mail or fax)

**Marine &
Oceanographic
Technology
Network**

PO Box 1950
N. Falmouth, MA 02556
Fax: (508) 548-8855
E-mail: info@motn.org
<http://www.motn.org>

Company: _____

Address: _____

Tel #1: _____

Tel #2: _____

Fax: _____

Website: _____

(Please provide 2 points of contact if possible)

Contact 1: _____

E-mail 1: _____

Contact 2: _____

E-mail 2: _____

<u>Organization Size</u>	<u>Annual Dues</u>	<u>Check One</u>
1-2 Employees	\$100	_____
3-10 Employees	\$250	_____
11-25 Employees	\$350	_____
26+ Employees	\$500	_____
Government/Academia	\$500	_____
Students	\$50	_____

Payment Method (Check one)

I have enclosed a check _____

Contact me for credit/debit card information _____

Email me an invoice _____

Brief Company Description (100 Words or Less):

On a separate page, please provide a typed company or organization description, as well as a logo and link to your company website.

We're joining MOTN because:

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