# **COMMUNITIES INSHORE FISHERIES ALLIANCE**

# *"Representing your voices in Fishing and Coastal Issues"*

#

## APPLICATION FOR MEMBERSHIP

I/We as owners of the undernoted business hereby apply for membership of CIFA (Communities Inshore Fisheries Alliance).

Signature(s)(1)……………………………………………. (2)………………………………………..

 (3)……………………………………………. (4)………………………………………..

Date…………………2017.

Business above referred to: -

**BUSINESS NAME:**

**ADDRESS:**

### Additional Information

**Business Type (eg Fish Processor/Haulage/Boatyard etc):**

**Number of Employees:**

**Does your business have a direct or indirect link to Fishing?:**

**Any further information regarding your business you would like to offer?:**

**OWNER(S)** (Please Print)

NAME ADDRESS POST CODE TEL. NO

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| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

Your e-mail address (if any)

**MANAGER/CONTACT** (if not an owner)

NAME ADDRESS POST CODE TEL. NO

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

Please email completed form to:

contact@cifascot.com

THANK YOU - LOOKING FOWARD TO WORKING TOGETHER FOR STRONGER FISHING COMMUNITIES!