A drawing of a cartoon character

Description automatically generated

**PORT OF TAMPA**

**MARITIME INDUSTRIES ASSOCIATION, INC.**

P.O. Box 173405

Tampa, FL 33672-1405

Federal Tax ID: 57-1178262

COMPANY INFORMATION

Membership in the PTMIA is by company. Each company is entitled to have one designated representative and one designated alternate representative to act at meetings of the members. Please provide the name and contact information for your company representatives, so that we may keep our contact list updated and to insure that each member receives timely notice of events. Membership is contingent upon approval by the PTMIA Board of Directors.

# COMPANY INFORMATION AND DESCRIPTION

|  |  |  |  |
| --- | --- | --- | --- |
| Business Name: | Click here to enter text. | | |
| Street Address: | Click here to enter text. | | |
| City and State: | Click here to enter text. | Zip: | Click here to enter text. |
| Telephone: | Click here to enter text. | Fax: | Click here to enter text. |
| Email: | Click here to enter text. | Tax ID: | Click here to enter text. |
|  |  |  |  |
| Business Description:  (250 Character Limit) | Click here to enter text. | | |

# MEMEBERSHIP CATEGORY/TYPE: *(Fill-in One Box)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Shipping and Transport: |  | Ship Agents/NVOCC’s |
|  | Shipyards: |  | Contractors/Subcontractors: |
|  | Terminal Operators:  (including petroleum, bulk, container, and general cargo) |  | Service Providers and Vendors:  (including suppliers of material goods and services to the maritime industry) |
|  | Passenger Vessels and Ferries: |  | Professionals:  (Including law firms, public relations firms, consultants, etc.) |

Contact Information

# PRIMARY REPRESENTATIVE

|  |  |  |  |
| --- | --- | --- | --- |
| Representative’s Name: | Click here to enter text. | | |
| Title/Position: | Click here to enter text. | Telephone: | Click here to enter text. |
| Email: | Click here to enter text. | Fax: | Click here to enter text. |

# ALTERNATE REPRESENTATIVE

|  |  |  |  |
| --- | --- | --- | --- |
| Representative’s Name: | Click here to enter text. | | |
| Title/Position: | Click here to enter text. | Telephone: | Click here to enter text. |
| Email: | Click here to enter text. | Fax: | Click here to enter text. |

# BILLING REPRESENTATIVE

|  |  |  |  |
| --- | --- | --- | --- |
| Mark here if BILLING ADDRESS is same as COMPANY REPRESENTATIVE INFORMATION above: | | | |
| Billing Representatives Name: | Click here to enter text. | | |
| Mailing/Billing Address: | Click here to enter text. | | |
| City and State: | Click here to enter text. | Zip: | Click here to enter text. |
| Telephone: | Click here to enter text. | Fax: | Click here to enter text. |
| Email: | Click here to enter text. | | |

Membership Information

# MEMBER BENEFITS:

## ***All members will receive:***

* A listing on the PTMIA website directory.
* Invitation to join one of our many committees
* First Quarterly Meeting complimentary (For New Members)
* 3 minutes recognition at the podium (For New Members and Members in the Spotlight)

# COMMITTEE INTEREST: *(Fill-in One Box)*

|  |  |  |
| --- | --- | --- |
|  | Finance Committee | Responsible for vetting requests for expenditures and making recommendations to the Board for financing special projects; reviewing collection and disbursement of funds for special projects; and auditing PTMIA accounts and records kept by the Treasurer. |
|  | Programs Committee | Responsible for planning, executing, and publishing notices of the monthly Board Meetings, Quarterly Membership Meetings, and Fund Raising Events; including the coordination collecting meeting fees, the audio/visual equipment, confirming speakers and presentations, and turning out members for Quarterly Meetings and other member events. |
|  | Membership Committee | Responsible for retention of members, recruiting new members, developing membership incentive programs and benefits, and maintaining an accurate membership contact list. |
|  | Public Relations Committee | Responsible for all media relations; including press releases, publication of the quarterly newsletter, preparation and updating media packet, and maintenance of the PTMIA website. |
|  | Legislative Committee | Responsible for tracking developments in State and Federal legislation affecting the port community and recommending positions on legislative issues and suggesting changes in existing legislation to the Board and membership.  Also, responsible for annual participation in Flavors of Hillsborough. |

# MEMBERSHIP PROGRAM: *(Fill-in One Box)*

|  |  |  |  |
| --- | --- | --- | --- |
| *(Check One)* | **Program** | **Description** | **Fee** |
|  | **Level 1** | Annual Revenue is less than $1 Million | $300 |
|  | **Level 2** | Annual Revenue is $1 Million to $5 Million | $400 |
|  | **Level 3** | Annual Revenue is $5 Million to $10 Million | $600 |
|  | **Level 4** | Annual Revenue is $10 Million or greater | $1,250 |
|  | **Level 5** | Individual – Associate member | $150 |
| **Member Name:** |  | Name of the Member Company Contact |  |

# Payment Information

Pay Membership Dues by:

Company Check (Submit with Completed application by Mail ‑ 🖃)

Credit card (You will receive an electronic invoice by email)