



MEMBERSHIP APPLICATION

Company Name: _____

Mailing Address: _____

Telephone Number: _____ Fax Number _____

Type of Business: _____

Number of Inland Tugs Owned and/or Operated: _____

Number of Inland Barges Owned and/or Operated: _____

Company Representatives (*Use back of form if needed*):

NAME	E-MAIL	DIRECT PHONE

Monthly Dues Schedule

(Based on tugs and barges owned and/or operated)

Category 1:	151 vessels and over	\$1350.00
Category 2:	61 to 150 vessels	\$810.00
Category 3:	26 to 60 vessels	\$520.00
Category 4:	11 to 25 vessels	\$250.00
Category 5:	10 vessels or less	\$125.00

Please send application to:

Cindy Folsom
 T.W.O.A.
 P.O. Box 1745
 Houston, TX 7251
 Fax: 713-435-1055