



COLUMBIA RIVER SHIPPERS ASSOCIATION

Membership Enrollment Form

The undersigned hereby requests membership in the Columbia River Shippers Association (CRSA) and agrees to the one-time membership fee in the amount of \$1,500.00.

Company Name: _____

Contact Name: _____

Title: _____

Address: _____

City, State, Zip: _____

Email: _____ Phone: _____ Fax: _____

Signature & Date: _____

Please send completed form and membership fee to:

Columbia River Shippers Association
200 SW Market Street, Suite 190
Portland, OR 97201
Phone: 503-220-2043
Email: crsa@pdxmex.com
Fax: 503-295-3660