



BCBFA Membership Application

Company: _____ Membership is by company, not individual

Regular Member: Customs Broker License# _____ Freight Forwarder OTI# _____

Affiliate Member: Business Service _____

Number of years the firm has been in business: _____

Telephone: _____ Fax: _____

Email: _____

Address: _____

Sponsored by: Member Company _____

Sponsors Signature: _____

Applicant's Name as representative: _____

Applicants Signature: _____

Please remit \$100 for Regular Members, \$150 for Affiliate Members along with this completed form.

BALTIMORE CUSTOMS BROKERS AND FORWARDERS ASSOCIATION, INC.
P.O. Box 28893, Baltimore, MD 21240
www.bcbfa.org



BCBFA Member Information

Company: _____

Voting Member: _____

The following individuals should be added to the email distribution list. It is recommended the list include branch manager, import manager, export manager and title if applicable. The list is not limited but we try to make manageable

Name and title: _____

Name and title: _____

Name and title: _____

Name and title: _____

Please insert the names of individual(s) interested in volunteering on the following committees as a chair, co-chair or to assist on an as needed basis.

Customs and PGA Committee: _____

FreightForwarding Committee: _____

Terminal Matters: _____

Membership Committee: _____