



**Jacksonville Marine
Transportation Exchange, Inc.**

Post Office Box 3171
Jacksonville, Florida 32206-3171
(904) 634-1599

Membership Application

Company Information

Company Name:	
Site Address: (City, State, & Zip Code)	
Mailing Address: (City, State, & Zip Code)	
Company Telephone:	
Company Fax:	
Web Site:	

Business Type:	Shipping Co.	Terminal Ops	Shipyard/Repair
	Environmental	Ship Agency	Cargo Services
	Government	Vendor	Navigation Support
	Towing	Consulting	Legal
	Customs Broker/Freight Forwarder	Other: Specify _____	

Company Representatives

Name:	
Title/Position:	
Telephone:	
Mobile:	
E-Mail:	

Membership

Level (Please see descriptions below)	Annual investment	Amount
Platinum	\$5,000	
Gold	\$2,500	
Silver	\$1,000	
Bronze (Freight & Trade Community)	\$200	

<p>PLATINUM: Your company logo and link on JMTX Website, Your company logo on all JMTX E-mails & written communications, Access to the JMTX Maritime On-Line Vessel Tracking System, Access to JMTX's Automated Identification System displayed on Google Earth, Top Level Sponsorship and two foursomes in JMTX's Annual Golf Tournament, Access to JMTX e-mails and written communications, & Access to JMTX sponsored meetings</p> <p>GOLD: Recognition and link to your company website on JMTX website, Access to the JMTX Maritime On-Line Vessel Tracking System, Access to JMTX's Automated Identification System displayed on Google Earth, Sponsorship and one foursome in JMTX's Annual Golf Tournament, Access to JMTX e-mails and written communications, & Access to JMTX sponsored meetings</p> <p>SILVER: Recognition and link to your company website on JMTX website, Access to the JMTX Maritime On-Line Vessel Tracking System, Access to JMTX e-mails and written communications, & Access to JMTX sponsored meetings</p> <p>BRONZE: Recognition and link to your company website on JMTX website, Your logo on all Freight & Trade related e-mails, Access to JMTX e-mails and written communications, Access to JMTX Sponsored meetings</p>	Membership Investment	\$
	<input type="checkbox"/> Check enclosed	
	<input type="checkbox"/> Charge to Credit Card (circle) VISA or MasterCard	
	Card #: _____ Card Holder Name: _____ Card Billing Address: _____	
	<input type="checkbox"/> Please invoice for the indicated membership investment to the company address above.	

Mail or fax completed application to :
 JMTX
 P.O. Box 3171
 Jacksonville, FL 32206-3171
 Fax: (904) 634-1593

Making Jacksonville the Port of Choice.