



Business Member Application
Form

www.coastaltrollersassociation.com

Mission Statement:

The Coastal Trollers Association works to enhance and protect an economically viable Washington troll fishery.

Business Name: _____
Contact Person: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ Cell: () _____
Email: _____
Website Link: _____

Or attach business card

Please provide a brief description of your business:

Please select from the following:

- Provide a link on the CTA Website
 Include information in the CTA newsletter

Business Membership **\$ 100.00**

Please mail your payment to:

Coastal Trollers Association
C/O Sharon and TK, Treasurer
PO Box 8322
Covington, WA 98042