



MACOORA

Mid-Atlantic Coastal Ocean Observing Regional Association

Membership Commitment Form

Name of Entity: _____

Mailing address: _____

Entity website: _____

Primary Representative

Secondary Rep. (optional)

Representative(s): _____

Telephone No.: _____

Fax No.: _____

E-mail address: _____

Type of entity (please check one):

- Commercial company
- Professional association
- Federal government agency
- State government agency
- Local government agency
- Non-governmental org. (NGO)
- Academic institution
- Other (please specify) _____

Estuary Sub-region: [Check as many as apply, but you must specify a primary (P)]

- Massachusetts and Rhode Island Bays and Shelf
- Long Island Sound
- New York Bight
- Delaware Bay
- Chesapeake Bay
- Other (please specify) _____

I agree, on behalf of my organization named above, to become a Member of MACOORA. I understand that my organization will be responsible for the payment of dues to MACOORA in the amount of five hundred dollars (\$500). I certify that a portion of my organization's activities and concerns are related to the acquisition, use, application, and/or dissemination of information and data relevant and pertinent to the purposes of MACOORA.

(Please print name)

(Signature)

(Date)

Please E-mail (dchapman@udel.edu), FAX (302-645-4332), or mail form to Dave Chapman, MACOORA, University of Delaware, 700 Pilottown Road, Lewes, DE 19958