



WHALEFORCE membership Application

Name of Vessel:	
Name of Captain:	
Registration Country:	
Home Port of Vessel:	
Address:	
City:	
Province/State/County:	
Postal Code:	
Email:	
Phone:	
General Area of Cruising:	
Type of Vessel:	
Comments :	

Please Enclose the membership fee of \$CND 50.00 and mail to:

WHALEFORCE
 Cochrane Ecological Institute,
 P.O. Box 484,
 Cochrane AB
 Canada T4C 1A7