

# Independent Freight Forwarders and Customs Brokers Association of Savannah, Inc.



POST OFFICE BOX 1465  
SAVANNAH, GEORGIA 31402

## Invoice & Application for Membership

Thank you for your support of the **IFFCBA of Savannah, Inc.** This notice serves as your application for the current year membership and dues invoice. This invoice is due and payable by March 31.

- 2021 Regular Membership Dues:** \$ **600.00** (Special Covid 19 discount \$300.00)  
Persons, firms, or corporations engaged in business as Customs Brokers and/or International Freight Forwarders holding a valid CHB, FMC (Forwarder or NVOCC), or IATA License and located within the limits of the Port of Savannah.

**Regular Membership includes access to association e-mails, alerts, etc., PLUS admittance for 2 employees to each monthly luncheon. Additional guests are \$25.**

- 2021 Affiliate Membership Dues:** \$ **175.00** (Special Covid 19 discount \$100.00)  
Persons, firms or corporations not licensed as a customs broker or international freight forwarder, regularly engaged in business related to transportation or international trade service.

**Affiliate Members may attend the luncheons for \$25.00 each.**

Please make your check payable to: **IFFCBA OF SAVANNAH, INC** and email / mail it to the address listed at the top of this invoice; or you may courier your application and payment to the association Treasurer (Celena Peak – Western Overseas [celenap@westernoverseas.com](mailto:celenap@westernoverseas.com)) Alternatively, you may pay online via PayPal or with a credit card.

**Please include any updates/changes to your listing below to include all individuals you wish to receive our email alerts. You may include an additional page if necessary to list the complete names and email addresses as those individuals will receive meeting notices and other communications via email.**

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Company Name: \_\_\_\_\_ NCBFAA Member? ( Y / N )  
*NCBFAA Members receive access to national alerts, APN messages, etc.*

Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Corporate CHB License # \_\_\_\_\_ FMC License #: \_\_\_\_\_

### CONTACTS:

Primary Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Other Contact: (Imp / Exp / Dom) \_\_\_\_\_ Email: \_\_\_\_\_

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