

What is AWO?

The American Waterways Operators is the national trade association for the domestic waterborne transportation industry, representing the interests of member companies operating on the inland and coastal waterways and harbors of the United States.

AWO's fundamental purpose is to represent the domestic tugboat, towboat and barge industry before the federal government. It also acts as the industry spokesman to the media and represents member company interests on state and regional issues. Safety-related challenges to the industry are addressed through the AWO Responsible Carrier Program, the Coast Guard-AWO Safety Partnership, and the work of the AWO Safety Committees.

Benefits of AWO Membership

- Your company may attend and participate in all of AWO's many functions: semi-annual conventions, committee meetings, regional meetings, and Board of Directors meetings.
- Your company may serve as a member of our many standing and special committees, where the fundamental work of the association is done.
- Your company will receive a subscription to the *AWO Letter*, which will keep you informed of the latest developments in our industry and in our association.
- Your company will receive the association's *Annual Report*, legislative and regulatory position papers, and many other valuable analyses and alerts.
- Your company is entitled to use the AWO logo in your advertising and on your stationery and business cards.
- Your company will receive individualized assistance in implementing the AWO Responsible Carrier Program at no additional cost.

Responsible Carrier Program Compliance

In order to be eligible for AWO membership and to remain a member in good standing, companies that own or operate tugboats, towboats, or barges engaged in U.S. domestic transportation must achieve compliance with the AWO Responsible Carrier Program. Such commitment shall be demonstrated as follows:

- All AWO carrier members or prospective members shall indicate, in writing, their commitment to achieve compliance with the AWO Responsible Carrier Program within one year.
- All first-time AWO carrier members shall undergo a third-party Responsible Carrier Program Audit within one year of joining the association.
- All rejoining AWO carrier members shall undergo a third-party Responsible Carrier Program Audit prior to rejoin approval; the audit must show 90 days of Responsible Carrier Program Compliance.

Instructions for Applying

To apply for membership, complete the attached Carrier Membership Application and submit electronically to the Coordinator – Meetings & Membership, Anne Fazzini, via email at afazzini@americanwaterways.com.

Upon receipt of the Carrier Membership Application, you will be contacted by the membership team within two business days. At that time you will be provided your total dues calculation and the pro-rated amount for the remainder of the calendar year.

In order for your application to be submitted for approval, the following items must be in the possession of the Coordinator – Meetings & Membership by the schedule noted below:

- Carrier Membership Application
 - Signed Carrier Membership Agreement
 - Company Information Form
 - Equipment Report
- One of the following:
 - A check or completed credit card authorization form for the first quarter pro-rated dues
 - A check or completed credit card authorization form for the total pro-rated dues

Applications are submitted for approval by the President on the business day closest to the 1st and the 15th of each month. All required materials must be received by the 25th or the 10th, respectively.

Once membership is approved, you will receive a New Member Welcome Packet in the mail. This will serve as your notice of approval. Please note that the Coordinator – Meetings & Membership is not permitted to inform you of approval in advance of the packet's receipt. He/she will only be able to inform you of the submission status.

Note: If a carrier company is re-applying for membership in AWO after a previous termination of membership, either voluntary or involuntary, they will be required to meet two additional requirements.

- All returning members, regardless of membership type, will be required to pay the balance owed at the time of membership termination.
- Additionally, all carrier members wishing to return to AWO membership must show evidence of having completed an RCP audit prior to submitting the application for membership. The [RCP](#) states, "Effective May 1, 2009, any company reapplying for AWO membership must show evidence of having completed an RCP audit prior to submitting its membership application. To complete this audit, companies will be required to show 90 days of documentary evidence of compliance with the requirements of the RCP."

Cost of AWO Carrier Membership and Assessment Reporting Requirements

Assessments are based on the combination of total tonnage at normal full load capacity for barges, plus total nameplate horsepower for powered vessels.

Equipment under charter, or management, for six or more months must be reported by the chartering or managing company for purposes of computing assessments.

When there is more than one carrier under common management, and fewer than all of these companies choose to join AWO, *all* equipment, other than that used to support the company's non-transportation enterprise, of *all* the companies must be aggregated and reported for purposes of computing assessments owed by the joining company, or companies.

Shallow draft vessels of a sister company which is engaged in private carriage in support of the owning company's non-transportation enterprise need not be reported for purposes of computing assessments.

Dues and assessments are based on the calendar year. This means that new members pay a prorated portion of the dues to complete the calendar year in which they join. It is important to keep this in mind as you consider your dues for the coming years.

If a company is re-applying for membership in AWO after a previous termination of membership, either voluntary or involuntary, they will be required to pay the balance owed at the time of membership termination.

Payment can be via check or credit card. Checks should be made out to **The American Waterways Operators** and mailed to the below address:

The American Waterways Operators
ATTN: Anne Fazzini, Coordinator – Meeting & Membership
801 North Quincy Street, Suite 200
Arlington, Virginia 22203

Contributions or gifts to AWO are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed because of association lobbying activities. AWO will notify you annually of the non-deductible portion of your dues — the part which is allocable to lobbying.

Membership Application – Company Information

Please fill out and submit via email to Anne Fazzini at afazzini@americanwaterways.com.

Company: _____

Parent Company (if any): _____

Primary Contact Name for Application Process*: _____

Preferred Name or Nickname: _____

Job Title/Position: _____

Contact Phone Number: _____

Email Address: _____

Mailing Address: _____

Physical Address (if different from above or if above is P.O. Box): _____

Company Website: _____

Company Facebook Profile: _____ Company Twitter Account: _____

Number of Employees: _____ Year of Establishment: _____

To your knowledge, has the applicant or their parent company ever been a member of The American Waterways Operators?

Yes

No

*** The contact person for the membership application process will automatically become the Member Representative for the company unless otherwise indicated.** The company's Member Representative is the designated point of contact for all RCP, accounting, and other AWO communications. To designate a different Member Representative, please communicate your Member Representative choice separately to Anne Fazzini via email at afazzini@americanwaterways.com.

Membership Application – Company Information (continued)

Total Fleet Capacities

Please indicate the total capacity for your company in the following categories to allow for proper calculation of the company's annual dues.

Tugboat and Towboat
Total Horsepower: _____

Dry Cargo
Barge Capacity: _____ tons

Dedicated Ship Assist
Total Horsepower: _____

Liquid Cargo
Barge Capacity: _____ barrels

Areas of Operation

Please check any of the following waterway(s) on which your company operates.

- | | |
|---|---|
| <input type="checkbox"/> Arctic | <input type="checkbox"/> International |
| <input type="checkbox"/> Atlantic Coast | <input type="checkbox"/> Lower Mississippi (New Orleans to Cairo) |
| <input type="checkbox"/> Atlantic Intracoastal Waterway | <input type="checkbox"/> Missouri River |
| <input type="checkbox"/> Arctic | <input type="checkbox"/> Ohio River (and tributaries) |
| <input type="checkbox"/> Columbia / Snake System | <input type="checkbox"/> Pacific Coast |
| <input type="checkbox"/> Great Lakes | <input type="checkbox"/> Tenn-Tom / Black Warrior System |
| <input type="checkbox"/> Gulf Intracoastal Waterway | <input type="checkbox"/> Upper Mississippi (Cairo to Minneapolis) |
| <input type="checkbox"/> Gulf of Mexico | <input type="checkbox"/> US Territories |
| <input type="checkbox"/> Illinois Waterway | <input type="checkbox"/> Great Lakes |
| <input type="checkbox"/> Inland Rivers | |

Commodities/Waterway Services

Please check commodities and services transported or offered by your company.

- | | |
|--|--|
| <input type="checkbox"/> Agriculture (Grain & Forest Products) | <input type="checkbox"/> Forest Products |
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Grain |
| <input type="checkbox"/> Coal | <input type="checkbox"/> Harbor Services (Shipdocking, Fleeting, Bunkering, Other) |
| <input type="checkbox"/> Containerized Cargo | <input type="checkbox"/> Refined Petroleum Products |
| <input type="checkbox"/> Crude Petroleum | <input type="checkbox"/> Sand, Stone, Gravel |
| <input type="checkbox"/> Deck Barge | <input type="checkbox"/> Steel |
| <input type="checkbox"/> Dredging/Marine Construction | <input type="checkbox"/> Tank Barge |
| <input type="checkbox"/> Dry Bulk Barge | <input type="checkbox"/> Waterways |
| <input type="checkbox"/> Fertilizer | <input type="checkbox"/> Other: _____ |

Carrier Membership Agreement

The undersigned, _____, a corporation, or partnership, with principal offices at _____, in consideration of like agreements entered into by others and of other valuable consideration hereby acknowledged to have been received, does hereby stipulate and agree to the *Constitution and Bylaws* of The American Waterways Operators, to the general purposes stated therein, and further to hereby subscribe to Carrier Membership therein to be effective upon signing this agreement.

The undersigned agrees, in such cases as the membership assessment is based on vessel equipment, to complete an Equipment Schedule and furnish it with this Carrier Membership Agreement to The American Waterways Operators, 801 North Quincy Street, Suite 200, Arlington, VA 22203.

It is expressly understood and agreed that a ratable assessment may be made by the AWO Board of Directors to defray all proper expenses of the organization.

It is further agreed that a currently applicable Equipment Schedule, certified by an AWO Designated Representative, must be updated at least annually.

It is further understood that in order to be eligible for AWO membership and to remain as a member in good standing, the undersigned that owns or operates tugboats, towboats, or barges engaged in U.S. domestic transportation must, as required by the AWO *Constitution and Bylaws*, achieve compliance with the AWO Responsible Carrier Program within one year.

In witness whereof the above named has on this ____ day of _____ month, 20____ attached his, her, its, or their corporate seal and/or signature hereto.

Signature: _____

Witness: _____

Applications are submitted for approval by the President on the business day closest to the 15th and the 30th of each month. For inclusion in the submitted applications, all required materials must be received by the 10th or the 25th, respectively.

Please mail Membership Agreement, Company Information, and your pro-rated dues payment to:

The American Waterways Operators
ATTN: Anne Fazzini, Coordinator – Meeting & Membership
801 North Quincy Street, Suite 200
Arlington, Virginia 22203

Safety and Responsible Carrier Program Compliance Contact

The primary contact, or Member Representative, is the main point of contact for all billing, RCP, and other member communications. In addition to the Member Representative, a company may choose to designate a secondary RCP contact for all safety communications. If you would like to identify a secondary safety contact, please do so below.

Name: _____

Preferred Name or Nickname: _____

Title: _____

Phone: _____ Email: _____

This individual has the same mailing address as the company. Yes No

If no, please complete:

Address _____

City/State/Zip _____

Other Individuals Attached to the Organization

Please indicate employees of your company that you would like to receive information about AWO. Include additional pages as needed. You may list as many individuals as you would like.

Name: _____

Preferred Name or Nickname: _____

Title: _____

Phone: _____ Email: _____

This individual has the same mailing address as the company. Yes No

If no, please complete:

Address _____

City/State/Zip _____

Name: _____

Preferred Name or Nickname: _____

Title: _____

Phone: _____ Email: _____

This individual has the same mailing address as the company. Yes No

If no, please complete:

Address _____

City/State/Zip _____



2018 MEMBERSHIP APPLICATION EQUIPMENT REPORT

Company Name: _____

Pursuant to AWO's Carrier Membership Agreement, your Equipment Report must be updated annually. Additions and deletions to the fleet for assessments purposes are updated only on the Annual Equipment Report. Chartered vessels are to be reported by the vessel owner unless the owner has verified that the charterer is reporting the vessel to AWO. This verification should be made BEFORE submitting your Annual Equipment Report to avoid duplicate billing.

	Vessels Reported for 2018
<u>Cargo Tugboats & Towboats:</u> Total Horsepower of all Cargo Tugboats and Towboats	<input type="text"/>
<u>Dedicated Ship Assist Tugboats:</u> Total Horsepower of all Dedicated Ship Assist Tugboats	<input type="text"/>
<u>Dry Cargo Barges:</u> Total Tonnage Capacity of all Dry Cargo Barges	<input type="text"/> Enter Total (no list)
<u>Liquid Cargo Barges:</u> Total Barrel Capacity of all Liquid Cargo Barges	<input type="text"/> Enter Total (no list)

Signature: _____

Date: _____

Print Name: _____

Title: _____

Company Name:

Category 1: Cargo Tugboats & Towboats

Report all boats owned and operated by your company as of your application date.
Only report boats as **Cargo Tugboats & Towboats** OR **Dedicated Ship Assist Tugboats** to avoid double billing.

	Name of Vessel	HP
1		
2		
3		
4		
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32		
33		
34		
35		
36		
37		
38		
	<i>Total Horsepower:</i>	

Company Name:

Category 2: Dedicated Ship Assist Tugboats

Report all tugboats owned and operated by your company as of your application date.
Only report boats as **Cargo Tugboats & Towboats** OR **Dedicated Ship Assist Tugboats** to avoid double billing.

	Name of Vessel	HP
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37		
38		
	<i>Total Horsepower:</i>	