2014 Application for Membership and Internet Directory Listing
(check one) $\square$ Captain $\square$ Mate (*required) (check one) $\square$ New MCBA membership $\square$ MCBA membership renewalName*
$\qquad$ Date* $\qquad$ Check No.*Address*
$\qquad$ Business Name* $\qquad$
City* State* $Z i p^{*}$ $\qquad$ Web Site: www.

SSN: (last four digits) XXX-XX-*

USCG License Reference No.* $\qquad$ Exp Date* $\qquad$ Winter Phone*
Date of Birth* $\qquad$ E-Mail* $\qquad$
$\qquad$ Vessel Documentation No. or State Registration No.* $\qquad$ Vessel Inspected?* Yes: $\square \mathrm{No}: \square \mathrm{DNR}: \square$ USCG: $\square$ Designated Employer Representative: if not self $\qquad$ DER Phone*
The above information is required by the USCG for your annual MIS report. *Captains/Mates required to fill in business name \& DER: employer

## Charter Category: $\square$ Fishing $\quad$ River Fishing $\square$ Cruise/Excursion $\square$ Sailing $\square$ Diving $\square$ Captain For Hire $\square$ Other

$\square$ Check if new Home Port:__ Lake/River
Secondary Ports ( $\$ 30.00$ each; limit 3 per category. You must operate from the ports listed.)


- CAPTAIN: MCBA Membership, Internet Directory Listing and MCBA Drug Screening Program
$\$ 145.00$
- CaPtain: MCBA Membership and MCBA Drug Screening Program ..... $\$ 135.00$
- Mate: MCBA Associate Membership, Internet Directory Listing and MCBA Drug Screening Program ..... $\$ 45.00$
- CAPTAIN: MCBA Membership and Internet Directory Listing (Must include Letter of Compliance from current drug screening Company) ..... $\$ 135.00$
- Pre-Employment SAMHSA Approved Drug Test (New member enrollment). ..... $\$ 55.00$
- MCBA Scholarship Fund (Donation is tax deductible) ..... \$
$\qquad$
] MCBA Membership, Retired Captain (concluded their active membership) .................................................................................... \$30.00
Membership $\$ \ldots \ldots \quad+\ldots \quad($ Secondary Ports $@ \$ 30)+\ldots \ldots \quad$ (Add'I Categories $@ \$ 30)+\ldots \quad($ Pre-Employment Drug Test $@ \$ 55)=\$ \frac{0.00}{\text { TOTAL DUE }}$
"Members not renewed by January 1, 2014 will be subject to a late fee for website removal and relisting"


## Check appropriate box and sign

- I am currently enrolled in the MCBA Drug Screening Program

I I am currently enrolling in the MCBA Drug Screening Program

- I am currently enrolled in another marine industry Drug Screening Program which has not lapsed. I am excluding myself from the preemployment SAMHSA-approved drug test (see attach L.O.C. letter).
- Enclosed are the results of my pre-employment SAMHSA-approved drug test so that I may enroll in the MCBA Drug Screening Program.
I certify that the information contained in this application is true.

Check Options: (provide me with the requested information)
Water Proof Boat Emergency Checklist
MCBA Logo Decal
Drug Program Zero Tolerance Decal
MCBA Bumper Sticker

Please make check payable and return to:
MCBA Membership 38000 Castle Drive Romulus, MI 48174

Signed
Date

