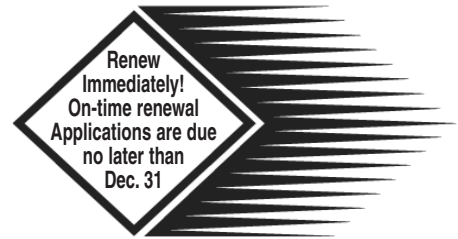




MICHIGAN CHARTER BOAT ASSOCIATION
800-MCBA-971
 Application for Membership and Internet Directory Listing
Captain Membership Year* 2020



*required (check one) New MCBA membership MCBA membership renewal ~ Available online @ mcbamembers.com

MEMBER INFORMATION

Name* _____ Date* _____ Check No.* _____
 Address* _____ Business Name* _____
 City* _____ State* _____ Zip* _____ Web Site: _____
 Address #2 _____ City _____ State _____ Zip _____
 SSN: (last four digits) XXX-XX-* _____ Home Port* _____ Lake/River* _____
 USCG License Reference No.* _____ Exp Date* _____ Home Phone* _____
 Date of Birth* _____ E-Mail* _____ Cell Phone* _____
 Vessel Documentation No. or State Registration No.* _____ **Vessel Inspected?*** Yes: No: DNR: USCG:
(Specify Agency)
 Designated Employer Representative: if not self _____ DER Phone* _____
 (*The above information is required by the USCG for your annual MIS report. *Captains fill in your business name or DBA for example your name)

INTERNET DIRECTORY LISTING

Charter Category: Fishing River Fishing Cruise/Excursion Sailing Diving Captain For Hire Other _____
 Lake River _____ Secondary Ports (\$30.00 each; **You must operate from the ports listed.**)
 1. _____ 2. _____ 3. _____ 4. _____
 Species: Salmon Steelhead Brown Lake Trout Walleye Perch Bass Muskie
 Boat Name _____ Business Name _____
 Boat Type or Brand _____ Boat Length _____ **Boat DNR Inspected?** Yes: No: **USCG Inspected** Yes:
Additional Charter Categories: \$30 EACH Other: _____ Catch & Cook Member? Yes: No:
 (Example: "Captain For Hire", "Cruise/Excursion", "Fishing", "River Fishing", "Sailboat Charters", & "Dive Charters" would be separate listings.)
Make copy of form and complete for each additional category; then submit with application and payment.

MEMBERSHIP CATEGORIES

CAPTAIN: MCBA Membership, Internet Directory Listing and MCBA Drug Screening Program \$165.00
 CAPTAIN: MCBA Membership and MCBA Drug Screening Program \$155.00
 CAPTAIN: MCBA Membership and Internet Directory Listing (Must include signed Letter of Compliance from current drug screening Company) ... \$155.00
 Pre-Employment SAMHSA Approved Drug Test (Membership Enrollment Required) \$65.00
 2020 TRIBAL CONSENT DECREE DONATION FUND ... \$ _____ MCBA Scholarship Fund (*donations are tax deductible*) \$ _____
 MCBA Membership, Retired Captain (*concluded their active membership*) \$30.00

Membership \$ _____ + _____ (Secondary Ports @ \$30) + _____ (Add'l Categories @ \$30) + _____ (Pre-Employment Drug Test @ \$65) = \$ _____ **TOTAL DUE**

☛ **"Members not renewed by January 10 will be subject to a late fee for website removal and relisting" "All memberships expire Dec. 31"**

Check appropriate box and sign

I am currently enrolled in the MCBA Drug Screening Program
 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 pre-employment 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.

 Signed _____ Date _____

Check appropriate box

Water Proof Boat Emergency Checklist
 MCBA Logo Window Decal
 Drug Program Zero Tolerance Decal
 MCBA Bumper Sticker

Please make check payable and return to:

MCBA Membership
9760 Judd Road
Willis, MI 48191
800-622-2971

(The information on this application is subject to change without notice) 9/19