



# MICHIGAN CHARTER BOAT ASSOCIATION

## 1-800-622-2971

Application for Membership and Internet Directory Listing  
 Membership Year\* 2024 *(Digital application available online Pay with paypal or credit /debit @ www.mcbamembers.com)*



(check one)  Captain  Mate (\*required) (check one)  New MCBA membership  MCBA membership renewal

MEMBER INFORMATION

Name\* \_\_\_\_\_ Date\* \_\_\_\_\_ Check No.\* \_\_\_\_\_  
 Address\* \_\_\_\_\_ Business Name\* \_\_\_\_\_  
 City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_ Web Site: www. \_\_\_\_\_  
 SSN: (last four digits) XXX-XX-\* \_\_\_\_\_ Home Port\* \_\_\_\_\_ Lake /River\* \_\_\_\_\_  
 Check if this is a NEW home port  
 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:   
(Vessel name not acceptable) (Specify Agency)  
 Designated Employer Representative: if not self \_\_\_\_\_ 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

INTERNET DIRECTORY LISTING

Directory Main Charter Category:  Fishing  River Fishing  Cruise/Excursion  Sail  Dive  Captain For Hire  Waterfowl  
 Operating my main charter category listing in 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  Sturgeon  Cisco Other \_\_\_\_\_  
 Boat Name \_\_\_\_\_ Boat Brand/Length \_\_\_\_\_ / \_\_\_\_\_ I am enrolled in Catch & Cook?  Yes:  No:  
Example: Tiara / 27'  
 Addl. Charter Categories, see below: \$30 EACH  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
 Addl Charter Categories are: "Captain For Hire", "Cruise/Excursion", "Fishing", "River Fishing", "Sail Charters", "Dive Charters" & Waterfowl  
**If you are operating from a different Lake, port /river or a different boat, please copy application with addl info and include in 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  
 **MATE:** MCBA Associate Membership, Internet Directory Listing and MCBA Drug Screening Program ..... \$ 65.00  
 **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 (**Required for New or Expired Membership**) ..... \$ 65.00  
 **ONGOING:** Consent Decree Legal 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

DO NOT STAPLE OR PAPER CLIP. MAIL IN A #10 LETTER ENVELOPE.

**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  
 6"x 9" Inspected Year Placard  
 MCBA Logo Window Decal  
 Drug Program Zero Tolerance Decal  
 MCBA Bumper Sticker

**Please make check payable and return to:**  
**MCBA Membership Office**  
**9760 Judd Road**  
**Willis, MI 48191**

(The information on this application is subject to change without notice: 09/23)