



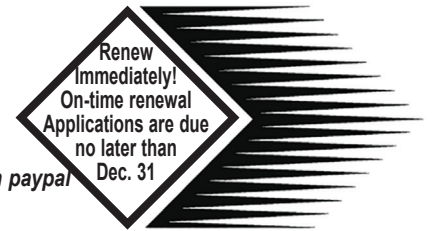
# MICHIGAN CHARTER BOAT ASSOCIATION

## 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](http://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

☞ **"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)