

Sodus Bay Maritime Captains Association

Membership Application

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Date of Application]				
Name	· · ·					
Street	· · ·					
City	- -	State]	Zip	
Home Phone]	Max	diaal Cartifi	ata Evnirat	ion
Business Phone]		dical Certific		
Cell Phone]	CPF	R Expiration	l	
			Firs	t Aid Expira	tion	
Email Address						
License #]	License Ex	piration		
Requirements: Annual Dues: Jun 1-Nov 3 \$25 Copy of License (all p Completion of Skills Asse	Mail application, survey and dues to: SBMCA PO Box 821 Pittsford, NY 14534					
Questions? Capt. Bob Wood						

(585) 330-5934