



## Sodus Bay Maritime Captains Association

### Membership Application

Date of Application

Name

Street

City  State  Zip

Home Phone  TWIC Expiration Date

Business Phone  CPR Expiration Date

Cell Phone  **First Aid Expiration Date**

Medical Expiration Date

Email Address

License #  License Expiration

**Requirements:**

Dues: \$50 if joining June through November; \$25 if joining December through May  
Copy of License (all pages)  
Skills Assessment Survey

Dues may be paid by Credit Card through the Ship Store on our website  
[www.sodusbaycaptains.org](http://www.sodusbaycaptains.org). Email copy of License and Survey to  
[sodusbaycaptains@gmail.com](mailto:sodusbaycaptains@gmail.com).

If paying by check, mail check payable to SBMCA, to SBMCA, PO Box 821, Pittsford,  
NY 14534 along with License and Survey.

**Questions:**

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585-330-5934  
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