



Sodus Bay Maritime Captains Association

Membership Application

Date of Application	<input type="text"/>		
Name	<input type="text"/>		
Street	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip	<input type="text"/>
Home Phone	<input type="text"/>	TWIC Expiration Date	<input type="text"/>
Business Phone	<input type="text"/>	CPR Expiration Date	<input type="text"/>
Cell Phone	<input type="text"/>	First Aid Expiration Date	<input type="text"/>
		Medical Expiration Date	<input type="text"/>
Email Address	<input type="text"/>		
License #	<input type="text"/>	License Expiration	<input type="text"/>

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. Email copy of License and Survey to
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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