

HARBOR MASTERS & PORT CAPTAINS

INCORPORATED

MEMBERSHIP APPLICATION

I do hereby make application for membership in the California Association of Harbor Masters and Port Captains, Inc., under the classification indicated below. I am providing this information for consideration by the Board of Directors. Unless otherwise indicated, I do consent to the information provided in this application being published in the Association's Membership Directory and newsletter.

Enclosed is my check (Payable to CAHM&PC) for current year annual membership dues. I understand that if I am not approved for membership my dues payment will be immediately refunded.

PLEASE TYPE OR CLEARLY PRINT ALL REQUESTED INFORMATION

My Classification for Membership is (Refer to brochure for more information):

CORPORATE (\$300): _____
(Government Owned) (City, County or District Name)

AFFILIATE (\$300): _____
(Privately Owned) (Business Name)

ASSOCIATE (\$50): _____
(Groups & Associations) (Group or Association Name)

SUSTAINING (\$300): _____
(Supporting Businesses) (Company Name)

The above name is most commonly known by the public as (DBA):

(Examples: Village Marina, Bar Harbor, ABC Consultants)

Mailing Address: _____
(Include Suite numbers , City, State and Full ZIP code)

Name of Delegate to CAHM&PC: _____
(As you want it listed in our Directory & your Name Badge) (First) (Last) (Title)

Business Phone: (____) _____ Home Phone: (____) _____

Fax No.: (____) _____ E-Mail: _____

Web Page: _____
(Complete address for our Directory and a Link on our Web Page)

Submitted By: _____
(Signature) (Date)

Sponsor's Name: _____

RETURN WITH PAYMENT TO THE ADDRESS BELOW:
SUE GROSS, EXECUTIVE SECRETARY
EMAIL OR CALL FOR MORE INFORMATION

FOR ASSOCIATION USE ONLY

App. Rec'd: _____ On Labels: _____ Rost. & Bylaws: _____

Check No.: _____ Board OK: _____ Name Badge: _____