

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 or contact Executive Director 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) (First) (Last) (Title)

Business Phone: (____) _____ Cell Phone: (____) _____

E-Mail: _____

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

Submitted By: _____
(Signature) (Date)

Sponsor's Name: _____

*Please mail completed form with check to the address below. If you wish to pay by credit card, please email, caharbormasters@gmail.com

FOR ASSOCIATION USE ONLY

Date Received: _____ Check No.: _____ Board Approval: _____

Contact: _____ Dir update: _____ Welcome: _____ Web: _____