



Organized 1985

GREAT LAKES CAPTAINS ASSOCIATION, INC.

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APPLICATION FOR MEMBERSHIP

(PLEASE PRINT)

Date: _____

Name: _____

Address: _____

City _____ State _____ ZIP _____

Home Phone: _____ Bus. Phone: _____

FAX No: _____ E-mail: _____

Please tell us a little about your education, training or military service:

What current Licenses, MMD's, and endorsements do you hold?

Years of sailing experience or connection to the maritime industry:

Employment record for the last 5 years:

Other information you wish to give about yourself:

Please use other side for additional information

Annual Dues are \$40.00 and are due July 1st of each year.