



Beach Haven Charter Fishing Association, Inc.

576 Sentinel Road

Moorestown, NJ 08057

Phone 609-685-2839 Fax 856-324-9037

www.BeachHavenCharterFishing.com

Booking Office - 877-524-2423

NEW ASSOCIATE MEMBER APPLICATION

(Please print or type)

Note: All Licensed Captain & Mate Applications are subject to vote either by the Executive Committee or of the Active Membership.

BHCFA Membership Classification Requested: Associate Member

Current Annual Dues for Associate Members: \$25

Enclose your check with your application.

Associate Member Status: Licensed Captain: Mate: Junior Mate: Public:

Your Name: _____

Your Address: Street: _____

Town: _____ State: _____ Zip: _____

Your Date of Birth: _____ **Marital Status:** _____

Phone Numbers: Home: _____ Fax: _____

Work: _____

Boat: _____

Cell: _____

E-Mail Address: _____

Website Address: _____

Regular Employer: _____

Employer Address: _____

Regular Occupation: _____

For Licensed Captains and Mates Only:

Types of Trips You **Are Qualified** To Run: Bay: Inshore: Offshore:

Canyon: Shark: Trolling: Bottom: Chumming: Chunking: Cruises:

Other: _____

Types of Trips You **Like** To Run: Bay: Inshore: Offshore: Canyon:

Shark: Trolling: Bottom: Chumming: Chunking: Cruises:

Other: _____

Days of Week You Are Generally Available:

Monday: Tuesday: Wednesday: Thursday: Friday:

Saturday: Sunday: Notice Required: _____



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NEW ASSOCIATE MEMBER APPLICATION (Continued)

Public Applicants: Complete pertinent **BOLD** information on Page 1.

Explain why you would like to be an Associate Public Member of the BHCFA:

Licensed Captains: Complete pertinent **BOLD** information on Page 1 regarding your license and experience. Attach another sheet of paper if required.

This information will be provided to all Active Members.

Explain why you would like to be an Associate Member/Captain of the BHCFA:

Mates: Complete pertinent **BOLD** information on Page 1 regarding your experience. Attach another sheet of paper if required. This information will be provided to all Active Members.

Explain why you would like to be an Associate Member/Mate of the BHCFA:

Junior Mates: Complete pertinent **BOLD** information on Page 1 regarding your experience. Attach another sheet of paper if required. This information will be provided to all Active Members.

Explain why you would like to be an Associate Member/Junior Mate of the BHCFA:



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NEW ASSOCIATE MEMBER APPLICATION (Continued)

For Licensed Captains, Mates, & Junior Mates Only:

References (3 Required):

Name: _____

Address: _____

Phone: _____

E-Mail Address: _____

Boat Name: _____ Boat Length: _____

Number of Engines: _____ Licensed For How Many Passengers? _____

Boat Docked At: _____

Comments regarding this reference: _____

Name: _____

Address: _____

Phone: _____

E-Mail Address: _____

Boat Name: _____ Boat Length: _____

Number of Engines: _____ Licensed For How Many Passengers? _____

Boat Docked At: _____

Comments regarding this reference: _____

Name: _____

Address: _____

Phone: _____

E-Mail Address: _____

Boat Name: _____ Boat Length: _____

Number of Engines: _____ Licensed For How Many Passengers? _____

Boat Docked At: _____

Comments regarding this reference: _____



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NEW ASSOCIATE CAPTAIN / MATE MEMBER APPLICATION (Continued)

Captain & Mate Applicants Only:

Provide Name of USCG/ DOT Drug Testing Program You Are Enrolled In (If Any):

Address: _____

Phone Number: _____ Account #: _____

Provide copy of current Drug Test Participation Form.

BHCFA recommends that you use the APCA Drug Test Program.

All Applicants:

I hereby apply for Associate Membership in the Beach Haven Charter Fishing Association, Inc. and agree to be subject to the By-Laws of that Association.

Date: _____

Applicant's Printed Name: _____

Applicant's Signature: _____

For Licensed Captains & Mates only:

If you are applying for Associate Membership as a Captain, don't forget to attach the following:

Copy of entire current USCG Captain's license.

Copy of your TWIC.

Verification that you are currently enrolled in a USCG Accepted Drug Testing Program.

If you are applying for Associate Membership as a Mate, don't forget to attach the following:

Verification that you are currently enrolled in a USCG Accepted Drug Testing Program.

For BHCFA Use Only:

Date presented to Executive Committee: _____ Secretary's Initials: _____

Vote: Membership Granted _____ Membership Not Granted _____

Date Initial Year Dues Paid: _____