

2005

OCCCA

2005

OCEAN CITY CHARTERBOAT
CAPTAIN'S ASSOCIATION
P.O.Box 255, OCEAN CITY, MD.21843

Dear Captain,

Enclosed you'll find an application for 2005 membership in the Ocean City Charterboat Captain's Association. Please fill all three pages completely and return them to the above address. Along with your application, please also include:

- 1- A photo-copy of your captains license.
- 2- A photo-copy of verification from your drug testing company that you are enrolled in a random drug testing program.
- 3- A check for your current 2005 dues.

It's very important that we have all of this information so that we can update your records. Please make certain that this application is completed in full and items 1-3 listed above are included when you send it in.

The information will be used:

- 1-To register you and your boat with the OCCCA.
- 2-To get your information listed on our web-site.
- 3-For OCCCA member advertising and promotional purposes.

OCCCA Captain Guidelines

In applying for membership in the OCCCA, all captains agree to:

- 1) Conduct themselves and their charterboat business in a professional and courteous manor at all times.
- 2) Ensure that their boats are properly equipped, maintained, and operated in a fashion that provides safe and reliable service.
- 3) Ensure that their boats meet any and all Coast Guard requirements that apply.
- 4) Operate under, and comply with, any and all applicable local, state, and federal laws and regulations.

2005

OCEAN CITY CHARTERBOAT
CAPTAIN'S ASSOCIATION
APPLICATION AND RENEWAL FORM

2005

CAPTAIN _____ PHONE _____(H)

ADDRESS _____ PHONE _____(Cell)

_____ ZIP _____ PHONE _____(W)

Web-Site address _____

E-Mail address _____

BOAT NAME _____ SIZE _____ TYPE _____

Boat owner same as captain? Yes _____, No(owner's name) _____

Will anyone else be captaining the boat ? No _____ Yes(who?) _____

Dates of your charter fishing season in Ocean City: Start ___/___/ 05 Finish ___/___/ 05

Date you first acquired you USCG Captain's License ___/___/___

Date you started running charters out of Ocean City Md. ___/___/___

Any other (related) experience

Other ports you charter from (and dates) _____

Information on the trips you run out of Ocean City:

Type of Trip	Price	Time (dock-to-dock)
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Dock or Marina location _____

Other organizations you are affiliated with: (optional)

<input type="checkbox"/> Ocean City Marlin Club Operators(NACO)	<input type="checkbox"/> Nat.Assoc.of Chartboat
<input type="checkbox"/> Ocean Pines Anglers Club	<input type="checkbox"/> Coastal Conservation Association (CCA)
<input type="checkbox"/> Recreational Fishing Alliance (RFA)	<input type="checkbox"/> Md. Saltwater Sportfish. Assoc. (MSSA)
<input type="checkbox"/> Maryland Charterboat Association	<input type="checkbox"/> Chesapeake Guides Association (CGA)
Other _____	Other _____

First Mate Registration

If you would like to have your mate listed in our directory, and for them to be able to attend our meetings (no voting rights) please include their information below. Cost for mate registration is \$25 per year.

Name _____ Phone# _____
 Address _____ Phone# _____
 _____ Zip _____

RANDOM DRUG PROGRAM INFORMATION

The U.S. Coast Guard requires that all captains and crew members (mates) engaged in carrying passengers for hire be enrolled in an approved random drug testing program. For more information contact The Maritime Consortium, Inc. 1-800-775-6985 or www.drugfreevessel.com. Please include with this application a photocopy of confirmation that each captain and mate for your vessel is enrolled in an approved program. Also, fill in the following lines;

Captain and Mate(s) name,	Drug Testing Company name	and	Phone Number
_____ ,	_____ ()		_____
_____ ,	_____ ()		_____
_____ ,	_____ ()		_____

2005 DUES

OCCCA Captain Dues (annual) \$50 _____
 Mate Registration (optional) \$25 _____
 Total Enclosed\$ _____

Make checks Payable To: OCCCA
 P.O.Box 255, OCEAN CITY, MD.21843

OCCCA Captains Profile
(For Website)

List only what you want posted on the website

Name _____

Address _____

_____ Zip _____

Contact Numbers ____ (____) _____

____ (____) _____

____ (____) _____

Best For Bookings ____ (____) _____

Email Address _____

Website Address __http//_____

Boat Name _____

Size _____ Type _____

Marina or Dock _____

Type of Trip	Time (Dock to Dock)	Price
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Ocean City Season: From ___/___/___ To ___/___/___

Other locations of charter service:

_____ From ___/___/___ To ___/___/___

_____ From ___/___/___ To ___/___/___

Year Acquired US Coast Guard Captain's License _____