



Beach Haven Charter Fishing Association, Inc.

204 West Route 38

P.O. Box 727

Moorestown, NJ 08057

Phone 856-778-0200 Fax 856-778-4961

www.BeachHavenCharterFishing.com

**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**

**Current Annual Dues for Associate Members: \$25**

**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:

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**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:

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**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:

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**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 #: \_\_\_\_\_

**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:***

Sponsor's Signature: \_\_\_\_\_

Seconder's Signature: \_\_\_\_\_

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

- Copy of front and back of your USCG Captain's license.
- 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: \_\_\_\_\_