



APPLICATION FOR INDIVIDUAL MEMBERSHIP IN THE SCIENTIFIC BOATING SAFETY ASSOCIATION

Please complete form, print, sign and return to the address below

1. Name: _____

2. Address: _____

3. E-mail: _____ 4. Phone #: _____

5. Name of Organization you operate vessel(s) for: _____

Location(s): _____

6. Is your organization an Member of SBSA? Yes ___; No ___; Pending ___; N/A ___;

7. Type of boating (e.g. University, Aquarium, Consulting, State or Federal, other public service etc.):

8. Purpose (e.g. Deployments, Specimen Collections, Fisheries, Training, Dive Support, etc.):

9. Days underway in the past 12 months: _____ 10. Years Boating Experience: _____

11. Environment(s) (e.g. Near Coastal, Ocean, Bay/Estuary, Lake, River/Stream, etc.):

12. Class & type of propulsion of boat(s) commonly used:

13. Reason(s) for SBSA membership:

signature Date: _____

Individual Membership is \$25.00/year (July 1 to June 30).

Please make check or money order payable (sorry, no credit cards) to "**SBSA**" and mail to:

Steve Clabuesch
UCSC Scientific Diving & Boating Safety
100 Shaffer Rd.
Santa Cruz, CA 95060