



Application for membership to the Scientific Boating Safety Association. Please complete form, print and return to the address listed on the last page.

1. Name of Organization: \_\_\_\_\_

2. Type of Organization (e.g. Education, Aquarium, State, other public service)  
\_\_\_\_\_

3. Name of Boating Safety Officer (or equivalent): \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Additional officers/assistants from your institution that will be active in the SBSA

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

4. Does your organization have a Boating Safety Committee or equivalent body?

YES                      NO                      In development

5. Does your organization have a manual or other document that spells out responsibility and guidelines for the boating program?

YES                      NO                      In development

If YES, please provide a hard copy of the manual with this application, or email an electronic copy to [info@scientificboating.org](mailto:info@scientificboating.org)

6. Number of years boating program has been organized:

\_\_\_ years                      In development

7. Does your organization provide formal training for boat operators?

YES                      NO

How is this training documented?

8. Means of propulsion:

	<u>Motor</u>	<u>Other</u>
Class A (<16 ft)	_____	_____
Class 1 (16 ≤ 26 ft)	_____	_____
Class 2 (26 ≤ 40 ft)	_____	_____
Class 3 (40 ≤ 65 ft)	_____	_____

9. Type of research conducted:

(e.g. diving operations, collecting, deployments, towing, etc.)

10. Approximate number of authorized boat operators:

# of graduate students: \_\_\_\_\_  
# of undergraduates: \_\_\_\_\_  
# of faculty: \_\_\_\_\_  
# of staff, including volunteers: \_\_\_\_\_

11. Training requirements:

NASBLA approved course  
Written exam  
Practical exam

12. Float Plan required:

YES NO

13. Shore contact required:

YES NO

14. Does your organization allow reciprocity with other institutions?

YES NO

15. By whom are boating use records maintained (e.g. operator, department, BSO, other)

\_\_\_\_\_

16. Number of reportable boating accidents (>\$500 damage, injury requiring more than First Aid) in past five years:

\_\_\_\_\_

17. Any fatalities since the boating program was formed?

YES NO

If YES, please describe circumstances on an attached sheet of paper or document.

SBSA membership is \$50.00 per year. Please make check or money order payable to SBSA and mail to:

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

---

Print Name

---

Signature

---

Date