



Eastern Dive Boat Association

MEMBERSHIP APPLICATION

Captain Associate member: _____ Vessel member: _____

Your Name _____

ADDRESS _____

City _____ State _____ Zip _____

PHONE HOME _____ WORK _____

NAME OF VESSEL _____

MAKE _____

HAILING PORT _____

VESSEL & OWNER INFORMATION

ANSWER ONLY QUESTIONS THAT ARE APPLICABLE
check the proper box or write in info.

ARE YOU USCG LICENSED? Yes ___ No ___

OCEAN OPERATOR MBO

LICENSE # _____

ISSUE Number _____ Date _____

ISSUED OFFICE _____

VESSEL MANUFACTURER _____ Country _____

LENGTH OF VESSEL _____ Feet _____ BEAM _____

TYPE OF POWER Gas Diesel SINGLE SCREW TWIN SCREW

CONSTRUCTION WOOD FRP Metal Wood OTHER

LORAN yes no DEPTH RECORDER yes no

RADAR yes no VHF yes no

SSB yes no GPS yes no

SIX PACK Non inspected vessel yes no

COI-Certified to carry passengers yes no

Number of passengers more than 6 _____

Coastwise yes no

Oceans cert YES _____NO_____

Miles oceans _____50 oceans _____100 Oceans

SAFETY EQUIPMENT yes no THROW LINE yes no

CHASE BOAT yes no RESCUE BOARD yes no

Are you a certified diver yes no

Level of certification _____ Agency (s) _____

Are you CPR certified yes no First Aid certified yes no

Do you have a TWIX card yes No

How did you hear about the Eastern Dive Boat Association

Membership Fee \$75 & Yearly dues \$75.00
Mail application and check total for \$150.00 to:
Captain Steve Bielenda
PO Box 888
Miller Place, NY 11764
631 946 3699
[email](mailto:captainswb@gmail.com) captainswb@gmail.com

Diving Safety officer captainswb@gmail.com