



Eastern Dive Boat Association

MEMBERSHIP APPLICATION

Vessel member: _____ or Captain Associate 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 circle one or write in info.

ARE YOU USCG LICENSED? Yes ___ No ___

OCEAN OPERATOR or MBO Six Pack

LICENSE # _____

ISSUE Number _____ Date _____

USCG ISSUING OFFICE _____

Member of a Random drug program; Yes ___ No ___

Name of the Program; _____

TWIC card; yes ___ NO ___ Number; _____

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 ___ VHF Yes NO ___ DEPTH RECORDER yes no

Eastern Dive Boat Association

MEMBERSHIP APPLICATION

RADAR yes no VHF yes no

SSB yes no GPS yes no

EPIRB 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 carry Oxygen/ O2; yes_____ NO _____ Bottle size _____

How did you hear about the Eastern Dive Boat Association?

Show _LIDA ___ EDBA member___ Other Explain below or Please circle one

*Membership Fee \$75 & Yearly dues \$75.00
Mail application and check total for \$150.00 to:
Captain Joe "ZERO" Terzuoli
3423 Woodfield Ave.
Wall, NJ.
07719
732) 681-0806
[email captzeroo@aol.com](mailto:captzeroo@aol.com)*

Captain Bill Reddan <mailto:captbill2@verzion.net> 718 332 9574

Diving Safety officer captainswb@gmail.com 631 928 3849