



Member Application / Payment

* Returning Members need to complete **only fields marked with an asterisk** or information that has changed.

MD Guide License No. * _____

Name * _____

Membership Level *

- Full Member** (\$40) _____ Associate Member (\$20) _____

Returning Member? * (Y) _____ (N) _____

Address _____

City _____

State _____

Zip Code _____

Phone (____) - ____ - _____

Email _____

Web Address _____

Boat Name _____

No. of Passengers _____

Coast Guard License No. _____

**** Full members must have a charter operation based in either Rockhold or Tracey's Creek.**

Complete application and mail along with your check payable to "Deale Captains Association" to:
Deale Captains Association PO Box 13, Deale MD 20751