



Prospective member,

Thank you for your interest in becoming a member of the newest and most versatile marine assistance service provider network ever offered.

Our main objective is to provide our membership body of Service Providers, a means to generate and keep customers in their local market through an Association where they, as a membership body, control where the Association goes, not one person. **MARINE ASSIST** seeks out large companies to align our Service Providers with, either to provide marine assistance services for them on a national, regional and local level, or to gain advantages for our Service Provider Members on items or services related to the marine towing business as well as national advertising exposure.

To be successful, we need to maintain a strong body of Service Providers Nationwide. These Service Providers will adhere to a uniform policies and procedures guideline so that the quality of service will be only “top notch”; no matter where in the country the service is performed. There are many more aspects to learn about how we do business and what the advantages are to you and they are all good.

Fill out the attached forms and return them to us for evaluation. We will then send you a complete package explaining all the details. Believe me, the program we have set up is not like anything you’ve seen in this industry. It will be refreshing for you to see how well this business *can* work, when run by the people who know it best, *the towers*.

Do yourself a favor, return these forms ASAP so that you can get underway with a new program and stop giving customers to the competition and keep them for yourself. We each built our own areas and with all of us working together, we’ll be able to keep them.

Sincerely,

The MARINE ASSIST ASSOCIATION, INC. Board  
Captain Don Hunter, President  
Captain Neal Clacher, Vice President  
Captain Ken Schoenfeld, Secretary

## **MARINE ASSIST Membership Application**

**Business Information:** *Attach copies of all applicable local, state and federal licenses/permits.*

Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Number of Employees: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Years in Business: \_\_\_\_\_ Years in Marine Industry: \_\_\_\_\_

**Personal Information:** (Primary Owner/Officer)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Education and Training: \_\_\_\_\_  
Years in Business: \_\_\_\_\_ Years in Industry: \_\_\_\_\_

**References:** *Please list names, addresses, phone numbers, business and years known of three persons, not related to you.*

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**Vessel Information:** (attach additional pages as needed for additional boats)

Make: \_\_\_\_\_ Year: \_\_\_\_\_ Length: \_\_\_\_\_  
Engine Type: \_\_\_\_\_ HP: \_\_\_\_\_ Speed: \_\_\_\_\_ Reg.#: \_\_\_\_\_  
FCC Radio License # \_\_\_\_\_ Expires: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_  
Navigational Equipment: \_\_\_\_\_  
Special Equipment: \_\_\_\_\_  
Geographical Area of Operation: \_\_\_\_\_  
Date of last survey: \_\_\_\_\_

**Licenses & Certificates:** *Please attach copies of the following items for each vessel operator in your business.*

1. Captains/Masters License with endorsements    2. Resume of Experience

Total number of insured vessels, currently capable of providing towing and assistance services and able to achieve a speed of at least 20 knts. \_\_\_\_\_

Do you currently have a VHF base station to cover your geographic area? \_\_\_\_\_

Will you be willing to attend a yearly Association meeting and participate in the voting process to elect board members? \_\_\_\_\_

**By penalty of perjury, I hereby certify that all of the above information is true and accurate. I also authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of these facts is cause for termination of any contract or affiliation with *MARINE ASSIST ASSOCIATION, INC.* and any of it's partners.**

Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_



**MARINE ASSIST**  
**ASSOCIATION, INC.**

(866) 620-5151  
PO Box 128  
Osprey, FL. 34229

## NON-DISCLOSURE AGREEMENT

*Please read and sign this non-disclosure agreement and send it back to us with your filled out application for membership. This will allow us to further discuss our prospective business relationship with you in the future.*

The interested party, who's signature is affixed hereto, hereby specifically agrees they will not at any time, in any fashion, or manner either directly or indirectly divulge or communicate to any person, firm, or corporation, information of any kind or description concerning matters affecting or relating to the business of **MARINE ASSIST ASSOCIATION, INC.** The only exception may be in the form of information that may be customarily divulged in the ordinary course of interested parties business. It is also agreed that in no way shall any information be used against **MARINE ASSIST ASSOCIATION, INC.** for competitive purposes.

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

Address: \_\_\_\_\_

\_\_\_\_\_

Owner/Principle Officer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_