

Member Application

The Maine Association of Sea Kayak Guides and Instructors (MASKGI) is a non-profit organization of sea kayak guides, outfitters and instructors who embrace the highest of professional business practices and conduct.

By filling out this application and remitting membership fees, I pledge to practice and promote safe and responsible sea kayaking along the coast of Maine. I pledge to practice and promote low impact travel and camping techniques as promoted by organizations such as Maine Island Trail Association and Leave No Trace. I further pledge that as an outfitter member or an individual operating as an outfitter I will operate under insurance coverage for any activities that I guide, teach, or organize.

(Signature agreeing to code of ethics listed above)

Name (Print) _____ Guides License # _____

Home Street Address _____

City _____ State _____ Zip _____

Home Phone _____ E-Mail: _____

Business name _____ Business/Cell Phone _____

I wish to join MASKGI and support safe and responsible Sea Kayaking along the Coast of Maine as:

- ____ 1. Honorary 1st year Guide Sea Kayak Member FREE Date of original license: _____
- ____ 2. Professional Sea Kayak Guide Member \$30 Annually
- ____ 3. Non-guide Member (Instructor, sales representative, business with no marketing package) \$30 Annually
- ____ 4. Maine Island Trail Association individual membership for \$30 for 2015 with paid MASKGI membership.
- ____ 5. *Business Member w/ Marketing and Promotion Package \$100 annually (\$70** for media support / web based content marketing efforts, \$30 for individual business owner's membership.)
- ____ 6. Outfitter guide employee. \$10 Annually. Please list outfitter here: _____
- ____ 7. Maine Island Trail Association Business Member/Outfitter corporate membership for \$70 for 2016 with paid MASKGI membership. All employees listed on back will also become MITA members for same fee.
- ____ 8. **Lifetime membership.** \$70 lifetime membership starting at the age of 70. Birthday: _____

_____ Total enclosed with this application. **Payable by check to MASKGI**

Payment can also be made through Paypal @ maskgimail@gmail.com

Name/Business _____ Website: www. _____

Business Phone _____ EMail: _____

Address _____ State _____ Zip _____

Signature: _____ Date: _____

Your MASKGI membership is from January 1- December 31st and needs to be renewed annually. Memberships received from October – December will be for the next year.

Please Send Completed Forms to:

MASKGI Membership | Attn: Joe Guglielmetti | Treasurer |

12 Olde Fort Road, Cape Elizabeth, ME

Email: tideflood@gmail.com

Cell: 207 317 6192

