

Maine Sporting Camp Association Membership Application

Establishment Name: _____ DHHS ID No. _____

Owner: _____

Manager (if not owner): _____

Months of operation: _____

Is the camp a previous MSCA member? Yes No Don't know

If yes, has the camp changed ownership? Yes No

Establishment Address

Mailing: _____ Physical: _____

Phone: _____ E-mail: _____

Alt. ph: _____ Website: _____

Number of cabins and rooms

On-site cabins: _____ Outpost cabins: _____ Rooms: _____

Please check all that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> For profit | <input type="checkbox"/> Non-profit | |
| <input type="checkbox"/> Located on lake/pond | <input type="checkbox"/> Located on river/stream | |
| <input type="checkbox"/> Full American plan | <input type="checkbox"/> Housekeeping cabins | <input type="checkbox"/> Main lodge |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Pets allowed | <input type="checkbox"/> Guide service |
| <input type="checkbox"/> Hunting/fishing licenses | <input type="checkbox"/> boats/canoes/kayaks | <input type="checkbox"/> Winter activities |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Hunting | <input type="checkbox"/> Family activities |

Fishing and hunting:

- | | | | | |
|--------------------------------------|---------------------------------------|-------------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Fly fishing | <input type="checkbox"/> Spin casting | | | |
| <input type="checkbox"/> Trout | <input type="checkbox"/> Salmon | <input type="checkbox"/> Lake Trout | <input type="checkbox"/> Bass | <input type="checkbox"/> Other |
| <input type="checkbox"/> Deer | <input type="checkbox"/> Moose | <input type="checkbox"/> Bear | <input type="checkbox"/> Birds | <input type="checkbox"/> Other |

How did you hear about MSCA? _____

Applicants for full membership:

To qualify for full membership and voting privileges, please certify the following statements. Note that all other member benefits are equal between all membership categories.

- My camp offers a full American plan with three meals per day
- My camp's primary focus is hunting, fishing, outdoor recreation, or some combination thereof.
- My camp has at least one full-time (may be seasonal), on-site employee to meet our guests' needs.

By signing below, I certify that the above statements are true to the best of my knowledge.

Signed _____

Date _____