

Application

AFFILIATED SCHOOL

Please send completed form to
mtaps@abycinc.org

Annual dues are \$750. We will email an invoice
unless you request a quote.



Contact Information

School Name: _____

Primary Contact: _____ Date: _____
First Last Position

Phone: Work: _____ Email: _____

Phone: Cell: _____ School website: _____

School Address: _____
Street Address

_____ *City State/Province ZIP*

School Address: _____
Shipping/Mailing Address (if different)

Type of School:

Secondary Contact: _____
First Last Position

Phone: Work/cell: _____ Email: _____

Schools may be an ABYC Foundation Affiliated School for years.
They may also use Affiliated Status as a step towards MTAP/Marine Trades Accreditation Program in the future.

Please let us know what your current intent is: _____

Have you or your school been ABYC Members in the past? Yes No

What marine-related courses are you offering? _____

Are you currently using any ABYC resources: books, workbooks, curriculum, etc? Yes