



AMERICAN POWER BOAT ASSOCIATION

APBA NATIONAL RESCUE COMMITTEE CAPSULE TRAINING INSTRUCTOR INFORMATION FORM

Name _____

Address _____

City/State/ZIP _____

Home Phone _____

Email Address _____

APBA Member Number _____ Primary Category _____

Bio (credentials, dive certifications, APBA rescue background)

Please complete the above information and email to: apbahq@apba.org or call 586-773-9700.