



Application Form for Association Membership

(Please type or complete in black ink, using BLOCK LETTERS)

Name of Association/Organisation:

Date Founded:

Permanent Address:

Tel: Fax:

Email:

Name of President:

Name of Vice President(s):

Name of Secretary:

Membership open to:

(i.e. Master Mariners only, Masters, Mates, Pilots)

Number of active serving Shipmasters (Afloat):

Number of active Shipmasters (Ashore):

(i.e. Marine Superintendants; Harbour Masters, Surveyors; Pilots; etc.)

Number of retired Shipmasters:

Other members (not Shipmasters):

Signature: (President) (Secretary)

Date: