THE COMPANY OF MASTER MARINERS OF AUSTRALIA LTD

ACN 008 643 552 ABN 64 008 643 552



APPLICATION FOR MEMBERSHIP

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| **I** (Name in full) **: Apply for :** (type of) **membership.** |
| **Branch: of the - Company of Master Mariners of Australia**. |
| **Address** (for all communications) **:** |
| **Postcode :** | **Home Tel:** | **Fax:** | **Bus Tel:** |
| **E-mail address :** | **Mobile Phone :** |
| **Birthplace – City :** | **Country :** | **Date :** |
| **Masters Cert No.** (as applicable) **:** | **Date Obtained :** | **Place :** |
| **Associate - Qualification :** | **No. :** | **Date :** | **Place :** |
| **Present Rank** (if at sea) **:** | **Ship :** |
| If not at sea:**Occupation :** | **Company : Position Held :** |
| Please attach brief CV of your involvement in the maritime industry…. |
| I acknowledge that the Certificate of Membership, which may be issued to me is at all times the property of the Company, and I hereby undertake to return same to the Secretary of the Company if requested. Acceptance of membership is subject to the appropriate clauses as per the Constitution of The Company.**Signature of applicant : Date :** |
| **Proposer Name :** | **Signature :** | **Roll No. :** |
| **Seconder Name :** | **Signature :** | **Roll No. :** |
| I hereby certify that I have sighted the applicant’s certificate of professional qualification appropriate to this Application, in accordance with the Constitution of The Company of Master Mariners of Australia.Signature of Branch Court Member: Date:Signature of Branch Court Member : Date : |

**Nomination Fee of $150 to be forwarded with application**

Pay by direct bank transfer to Company of Master Mariners: BSB 033-157 A/c No: 479284

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| **BRANCH COURT: Please fill details below concerning the Reading date and return as soon as possible** |
| Reading – Branch : |  |  |  |
|  |  |  |  |
| Ratified - Federal Court – Date : |  | Certificate Forwarded - Date : | Roll No. : |

Revised 26 May 2021