

THE COMPANY OF MASTER MARINERS OF AUSTRALIA LTD

ACN 008 643 552 ABN 64 008 643 552



APPLICATION FOR MEMBERSHIP

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:		Company :			
Occupation :		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 FG Master's Certificate / Master Class 1 / Appropriate Application of the above applicant in accordance with the Constitution of The Company of Master Mariners of Australia.					
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					
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. :	