

COMPANY OF MASTER MARINERS OF AUSTRALIA LTD

ACN 008 643 552 ABN 64 008 643 552



APPLICATION FOR MEMBERSHIP

(please complete this form using only a **black** or **blue** pen)

Application for: ORDINARY / ASSOCIATE membership		Branch:
Full Name:		
Birthplace – City:	Country:	Date:
Address (Residential):		
Address (Mailing):		
E-mail:		
Unless otherwise advised, the primary mode for correspondence is by Email		
Mobile Phone:	Home Phone:	Work Phone:
Type of Master Certificate held (please attach a copy):		
Certificate Number:	Date Obtained:	Place:
Current Occupation:	Company: Position Held:	
Please attach a brief CV of your involvement in the maritime industry		
I acknowledge that: - Acceptance of membership is subject to the appropriate clauses as per the Constitution of The Company. - 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 I relinquish my membership. Signature of applicant: Date: Nomination Fee of \$160 to be paid in advance Preferred payment is by direct bank transfer to Company of Master Mariners: BSB 033-157 A/c No: 479284		
We hereby certify that we 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.		
Proposer Name:	Signature:	Roll No:
Seconder Name:	Signature:	Roll No:
BRANCH COURT: Please submit this application with all supporting documents to the Federal office. Branch Court please ensure all parts of this form are clearly legible before submitting		
Date application accepted:	Date application submitted:	
Name of Branch Court member:	Signature:	
For Branch Court Records:	Date Ratified:	Roll No: