

	<b>Full</b>	<b>Senior/Assoc./Comp</b>
Nomination Fee: \$	50	\$50
Annual Dues:	<u>\$160</u>	<u>\$80.00</u>
Total	<b>\$210</b>	<b>\$130.00</b>
Amount Paid	_____	

(No Nomination Fee if rejoining  
Rates Effective 2010)



**For Office Use**  
 Division No. \_\_\_\_\_  
 National No. \_\_\_\_\_  
 Date Application Received \_\_\_\_\_  
 Date Elected By Division \_\_\_\_\_  
 Admitted \_\_\_\_\_

## THE COMPANY OF MASTER MARINERS OF CANADA LA COMPAGNIE DES CAPITAINES MARCHANDS DU CANADA

### APPLICATION FOR MEMBERSHIP

Membership Type: \_\_\_\_\_ Full (MM, ON I, CN I, or Equiv.) \_\_\_\_\_ Associate: \_\_\_\_\_ Companion: \_\_\_\_\_ (non-certificated)

1. Surname \_\_\_\_\_ Given Names (in full) \_\_\_\_\_
2. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_
3. Citizenship Status \_\_\_\_\_
4. Private Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_
5. Business Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_
6. Address for Company Communications (#4 or #5) \_\_\_\_\_
7. Present Occupation \_\_\_\_\_
8. Masters Certificate (**copy must be submitted with this application**)  
 Grade \_\_\_\_\_ Place of Issue \_\_\_\_\_  
 Date of Issue \_\_\_\_\_ Has certificate ever been suspended? \_\_\_\_\_
9. Other Qualifications ( Professional, Academic, Military, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Declaration: ***I certify that all this information is complete, true and correct. If elected I agree to be bound by the Charter and By-Laws of the Company.***

Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_

Name (print) & Signature of Proposer \_\_\_\_\_ / \_\_\_\_\_

Name (print) & Signature of Seconder \_\_\_\_\_ / \_\_\_\_\_

(Proposer and Seconder must be Full members of the Company)

**Please see page 2 on reverse side**

**Full Record of Candidates Professional Experience**  
(Or attach a copy of your Curriculum Vitae)

1. General Education

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2. Qualifying Time for initial Certification (where served)

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3. Full Professional Experience following Certification showing Year, Rank, Company/ Vessel

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4. Subject Areas in which candidate has specialized Knowledge or Experience

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5. Additional Information

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Interviewed by (Name & Signature): \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Forward this application along with a copy of **certificates**, full **payment** of dues and initiation fee, and a **resume** if desired, to:

To:  
Divisional Master