



# MASTER MARINERS OF CANADA

## FOR OFFICE USE ONLY

Divisional no. \_\_\_\_\_  
National no. \_\_\_\_\_  
Date application received \_\_\_\_\_  
Date elected by division \_\_\_\_\_  
Admitted \_\_\_\_\_

## APPLICATION FOR MEMBERSHIP

### MEMBERSHIP TYPE: ASSOCIATE

#### PERSONAL INFORMATION

1. Surname \_\_\_\_\_  
Given names (in full) \_\_\_\_\_
2. Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_
3. Citizenship status \_\_\_\_\_
4. Home address \_\_\_\_\_ Postal code \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_
5. Marine Institute \_\_\_\_\_
6. Additional education and training (list schools attended)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Other qualifications (professional, academic, military, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### DECLARATION

I certify that all this information is complete, true and correct. If accepted into the membership I agree to be bound by the Charter and By-laws of the Company.

Signature of candidate \_\_\_\_\_ Date \_\_\_\_\_

## PROFESSIONAL EXPERIENCE

Please complete the information below, or alternatively send us a copy of your Curriculum Vitae.

1. Professional experience

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2. Subject areas in which candidate has specialized knowledge or experience

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3. Any additional information

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## FEES

Associate member annual fee: \$ 100.00

Please make cheque payable to The Company of Master Mariners of Canada.

## INSTRUCTIONS

Please forward this application along with a copy of your Curriculum Vitae (optional) to:

Master Mariners of Canada  
5591 Leeds Street,  
Halifax, NS B3K 2T3

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Name & title of interviewer \_\_\_\_\_ / \_\_\_\_\_

Date \_\_\_\_\_