



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: CADET (STUDENT)

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.

Name of candidate _____ Date _____

PROFESSIONAL EXPERIENCE

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

1. Professional experience

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

3. Any additional information

FEES

Cadet member annual fee: \$ 20.00

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

OFFICE USE ONLY

Name & title of interviewer _____ / _____

Date _____