



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: COMPANION

CONTACT INFORMATION

1. Company name (if applicable) _____
2. Contact person for correspondence:
Surname _____
Given names (in full) _____
Title/position _____
3. Address _____ Postal code _____
Telephone _____ Cell _____
Email _____
Website _____
4. Relationship to Master Mariners of Canada and/or its members

FEES

Companion member annual fee: \$ 200.00

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

INSTRUCTIONS

Please forward this application along with full payment of fees, to:

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

OFFICE USE ONLY

Name & title of interviewer _____ / _____

Date _____