



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: CORPORATE

CONTACT INFORMATION

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

FEES

Corporate member annual fee: \$ 215.00

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

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Name & title of interviewer _____ / _____

Date _____