



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

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

3. Any additional information

FEES

Associate member annual fee: \$ 100.00

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

INSTRUCTIONS

Complete the form and scan your curriculum vitae and forward by email to the division you wish to join. Email for divisional Vice Presidents can be found on the Contact page of the website.

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Name & title of interviewer _____ / _____

Date _____