



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

Complete the form and scan 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.

OFFICE USE ONLY

Name & title of interviewer _____ / _____

Date _____