



# 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: MASTER (FULL)

#### PERSONAL INFORMATION

1. Surname \_\_\_\_\_  
Given names (in full) \_\_\_\_\_
2. Date of birth \_\_\_\_\_
3. Citizenship status \_\_\_\_\_
4. Home address \_\_\_\_\_ Postal code \_\_\_\_\_  
Telephone \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_
5. Business address \_\_\_\_\_ Postal code \_\_\_\_\_  
Telephone \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_
6. Preferred address to receive communications \_\_\_\_\_ HOME \_\_\_\_\_ BUSINESS
7. Present occupation \_\_\_\_\_
8. Master's Certificate information (please submit a scanned copy along with this application)  
Grade \_\_\_\_\_ Place of issue \_\_\_\_\_  
Date of issue \_\_\_\_\_
9. 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. Highest level of education achieved \_\_\_\_\_

2. Qualifying time for initial certification (where served) \_\_\_\_\_

3. Professional experience following certification as Master

Year	Rank	Company/Vessel
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Any additional information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FEES

Master (full) member annual fee: \$200.00

Master (full) member annual fee (over 65): \$100.00

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

## INSTRUCTIONS

Complete the form and scan relevant attachments 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 \_\_\_\_\_