

The Society of Master Mariners (South Africa)

APPLICATION FOR MEMBERSHIP

Surname (Block Letters).....	Nationality.....			
First Names.....	Domicile.....			
Permanent Address.....				
.....				
.....	Postal Code.....			
Tel: Home.....	Bus.....	Cell.....		
E-Mail.....	Fax.....			
Occupation.....	Company.....	Position.....		
Category of Membership: Tick Square	<input type="checkbox"/> FULL	<input type="checkbox"/> ASSOCIATE	<input type="checkbox"/> AFFILIATE	<input type="checkbox"/> HON
FEES ENCLOSED:.....	See below			
I agree to abide by the Rules and Constitution of the Society				
Signature.....	Date			

Proposed and Seconded

Proposer.....Seconded.....
Names (Block Letters).....
Applicants Certificate Class and Number:Date..... Issued at.....

(Photocopy to be attached)

Joining Fee R25	Annual Fees: Full R280	Associate / Affiliate R240
Nb Full membership is for holders of a Master Mariners Certificate		

Admin Only	<u>APPROVED</u>	<u>DATE</u>
Branch Committee: Secretary
Executive Committee: President.....
Documents Sent to Branch..... By General Secretary