



AUSTRALIAN MARITIME OFFICERS UNION

ABN 56 181 230 800

APPLICATION FOR MEMBERSHIP

To the President
Australian Maritime Officers Union
Suite1, Level 5, 377 Sussex Street Sydney NSW 2000
Postal Address: P.O. Box 407 Haymarket NSW 1240

I hereby acknowledge receipt of the rules of The Australian Maritime Officers' Union and I agree and undertake to be bound by and comply with the Rules of The Australian Maritime Officers Union together with the Regulations, By-Laws and Resolutions of the said Union.

DATED this day of 20

SIGNATURE OF APPLICANT MEMBER

PROPOSED BY MEMBERSHIP NO

SECONDED BY MEMBERSHIP NO

Name of Applicant in Full (Block Letters)

Address of Applicant

Telephone home Telephone mobile

Email address

Date and Place of Birth

Employer

Address of employer

Ship, Port or Location where employed

Qualification and/or Position Held (Describe)

Issued at Date Issued

Issued by

Date of Application for Membership

For Office Use Only

Date of Election to Membership

Industry

Area

Membership Number