SEAFARERS' INTERNATIONAL UNION OF CANADA
SYNDICAT INTERNATIONAL DES MARINS CANADIENS

APPLICATION FORM FOR (Please check one of the following):

MEMBERSHIP BOOK _____ REPLACEMENT BOOK _____ REPLACEMENT PROB. CARD _____

PORT OF: _____ DATE: _____

NAME: _____
surname first middle

ADDRESS OF PERMANENT RESIDENCE: _____
number street

_____
city province postal code

SOCIAL INSURANCE NUMBER: _____ DATE OF BIRTH: _____

PLACE OF BIRTH: _____
city/village province country

CITIZEN OF: _____ WEIGHT: _____ HEIGHT: _____
country

COLOUR OF EYES: _____ COLOUR OF HAIR: _____

BOOK NO. _____ PROB. NO. _____ DEPT. _____

PORT JOINED: _____ DATE JOINED: _____

IF ABOARD SHIP, GIVE NAME: _____

FORWARD BOOK OR PROB. CARD TO: _____
address

_____

MEMBER'S SIGNATURE: _____

_____

FOR OFFICE USE ONLY

AMOUNT PAID: _____ DATE: _____ RECEIPT NO.: _____

SIGNATURE OF OFFICIAL TAKING APPLICATION: _____

APPROVED BY HEADQUARTERS: _____ DATE: _____

REMARKS, IF ANY, BY HEADQUARTERS: _____

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