

Application Form for Individual Membership (Please type or complete in black ink, using BOCK LETTERS)

Family Name:	First Name(s):
Nationality:	Date & Place of Birth:
Permanent Address:	
Tel:	Mobile:
Email:	
Master Mariner's Certificate/Licence No.	
Issuing Authority/Government:	
Other Qualifications:	
Number of years in command of a sea-goi	ing ships:
Are you a member of your National Assoc	ciation, if any?:
National Association name & address OR	R website:
Brief details of Career stating current tra	nde:
Details of Nautical Education, including	any Pre-Sea Training:
Please indicate any special marine intere	ests, or areas in which you could help IFSMA:
Signature:	Date: