



After processing at your local Branch or, in the case of members not belonging to a local branch, please return to the National Membership Secretary

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Application for National Membership

I wish to be enrolled as a FULL / ASSOCIATE (delete as appropriate) member of the MERCHANT NAVY ASSOCIATION and, if accepted, agree to abide by the Rules of this Association and observe, its Aims and Principles at all times.

PLEASE PRINT

Title _____ Forenames _____ Surname _____

Known as _____ Address _____

Post Code _____ Tel _____ E-mail _____

Discharge Book No. (if applicable) _____ Date of Birth _____

Department (Deck, Engine, Catering, Radio, Other) _____

Service Dates From _____ to _____ Ships/Owners (brief) _____

Full and Associate National Membership Subscriptions: (Payable to **The Merchant Navy Association**)

Annual membership £5.00 (Branch Subscriptions not included) **Plus £2.00** initial Joining Fee.

Subscriptions paid after 30th September are valid until 31st December the following year.

Branch Name _____

(Insert "NATIONAL" if not a member of a Branch)

Annual National Subscription & Joining Fee enclosed = £ 7.00 + Donation if desired.

I agree / do not agree (delete as appropriate) to the above details being maintained on computer for use within the Association only. No personal information will be passed to a third party.

Signature of Applicant _____ Date _____

FULL or ASSOCIATE (delete as appropriate)

Signature of Branch Official _____ Date _____

NOTE-

1. *National Associate membership is optional for Branch Associate members not holding office in the Branch.*
2. *A stamped addressed envelope to forward Membership Card would be appreciated. **Thank you.***
Welcome on board.

For National Office Use Only:

Membership ID # allocated by the National Membership Secretary _____

MNA/MFM/Application Form 04.doc/01.12.2002