

MEMBERSHIP APPLICATION



The New Zealand Shipping Company Association Incorporated

Date:

Name:

Partner's name (optional):

Address:

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Phone: E-mail:

Please enroll me as a member of the New Zealand Shipping Company Association Inc.

The joining fee of NZ\$12.00 to be paid by internet banking 02-0100-0861879-00 for NZ applications. Please add your name to the Reference Code.

Please contact the Secretary for methods of payment for non NZ applications. Approx U.K£6.00 and Aus\$11.00. For other countries please contact the Secretary.

I served with the Company;

Ashore at the Ports; Department(s)

in the Department(s)

And / or at sea in the following ships;

.....

.....

Final rank / department;

Service years from 19..... to 19.....

Present activity or occupation (if any):

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Please comment briefly what led you to the website and application:

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Your e-mail address will be used to receive communications and newsletter, but will not be published outside the Association, without your permission. Please mark the box if you do not wish fellow members to have your contact details

Please scan or take a photo of this form and e-mail to secretary@nzshippingcoassoc.org.nz.

Signature.....