



## CONFEDERATION OF EUROPEAN SHIPMASTERS' ASSOCIATIONS

### APPLICATION FOR (ASSOCIATED) CESMA MEMBERSHIP

Association full name: \_\_\_\_\_

Full address: \_\_\_\_\_

Phone/fax/E-mail: \_\_\_\_\_

Name vice president: \_\_\_\_\_

Name secretary: \_\_\_\_\_

Name Treasurer: \_\_\_\_\_

Number of: seagoing masters: \_\_\_\_\_

Shorebased masters: \_\_\_\_\_

Retired masters: \_\_\_\_\_

THE PRESIDENT OF THE ASSOCIATION OF SHIPMASTERS, MENTIONED ABOVE, DECLARES THE PARTICULARS TO BE CORRECT TO THE BEST OF KNOWLEDGE AND HEREWITH APPLIES FOR ASSOCIATED MEMBERSHIP OF THE CONFEDERATION OF EUROPEAN SHIPMASTERS' ASSOCIATIONS (CESMA) AND AGREES TO COMPLY WITH THE STATUTES AND BY-LAWS OF WHICH HE RECEIVED A COPY.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_