



Membership Application

The Council of American Master Mariners, Inc.

I, _____, hereby apply for membership in The Council of American Master Mariners, Inc., and attest to my qualifications below.

Birthplace (city, state, country): _____ DOB: _____

	Home		Business	
Address				
City, State, Zip				
Email				
Phone	Land:	Cell:	Office:	Cell:

Present Occupation:

- At Sea: Position: _____ Vessel: _____ Company: _____
- Ashore: Position: _____ Vessel: _____ Company: _____
- Retired: Position: _____ Date: _____ Company: _____
- Cadet: Academy: _____ Expected Graduation Date: _____

Current USCG License:

Type:	Limit:	Expiration:
Endorsements:	Limits:	

Original USCG License:

Type:	Date Obtained:
Place/Institution obtained:	

Membership Class: Please check. See CAMM Constitution for more details of class requirements. All members must be U.S. citizens with the exception of AF membership.

- R - Regular:**
 - (RU) Unlimited Master Mariner License and commanded vessels over 5,000 GRT on voyages.
 - (RP) Senior or First Class Pilot with minimum of one year experience on vessels 20,000 GRT or more.
- S - Special:**
 - (S) Valid USCG Unlimited Master's license and has not commanded a vessel(s) over 5,000 GRT on voyages.
 - (SP) Second or Third Class Pilot on vessels less than 20,000 GRT.
 - (S16) Valid USCG 1600 ton Master's license and commanded a vessel or vessels on voyages.
 - (S5) Valid USCG 500 ton Master's License and commanded vessel or vessels on voyages.
- A - Associate:**
 - (A) U.S. Military equivalent of Master's license; maritime official serving in an executive, administrative or operational capacity; Person of Distinction in maritime fields of: education, training, research, regulation or government.
 - (AL) Valid USCG Deck Officers license for Any Gross Tons currently sailing on vessels over 5,000 GRT.
 - (AF) Foreign Master Mariner: Valid Unlimited Master License and commanded vessels over 5,000 GRT on voyages.
 - (AC) Cadet/Midshipman enrolled at a maritime academy as a deck cadet/midshipman.

Sea-Going Qualifications: Years of Service: _____ (Check boxes that apply. See above for key)

Vessel Served	GRT	Date(s)	Route(s)	R	S	AL
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pilotage Qualifications: Years of Service: _____ (Check boxes that apply. See above for key)

Vessel Served	GRT	Route(s) (dock/harbor sea bouy)	License Issuing Authority	R	S
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Please return this application with a copy of your Master's or Pilot's license, and a copy of your last discharge along with a \$120 check (\$100 annual dues + \$20 application fee) payable to: The Council of American Master Mariners, Inc. Mail to Captain George N. Zeluff, Jr., Membership Vice President, 2907 Shelter Island Dr. #105-606, San Diego, Ca. 92106-2797. Email: Captzeluff@mastermariner.org

To the best of my knowledge, the above information is correct and I agree, if elected member, to abide by the Constitution and By-Laws of The Council of American Master Mariners, Inc.

Signature: _____ Date: _____

Sponsored/Referred by: _____