



**SEAFARERS' INTERNATIONAL UNION OF CANADA**  
**SYNDICAT INTERNATIONAL DES MARINS CANADIENS**

**APPLICATION FORM FOR (Please check one of the following):**

MEMBERSHIP BOOK \_\_\_\_\_ REPLACEMENT BOOK \_\_\_\_\_ REPLACEMENT PROB. CARD \_\_\_\_\_

PORT OF: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
surname first middle

ADDRESS OF PERMANENT RESIDENCE: \_\_\_\_\_  
number street  
\_\_\_\_\_  
city province postal code

SOCIAL INSURANCE NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_  
city/village province country

CITIZEN OF: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_  
country

COLOUR OF EYES: \_\_\_\_\_ COLOUR OF HAIR: \_\_\_\_\_

BOOK NO. \_\_\_\_\_ PROB. NO. \_\_\_\_\_ DEPT. \_\_\_\_\_

PORT JOINED: \_\_\_\_\_ DATE JOINED: \_\_\_\_\_

IF ABOARD SHIP, GIVE NAME: \_\_\_\_\_

FORWARD BOOK OR PROB. CARD TO: \_\_\_\_\_  
address

MEMBER'S SIGNATURE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

AMOUNT PAID: \_\_\_\_\_ DATE: \_\_\_\_\_ RECEIPT NO.: \_\_\_\_\_

SIGNATURE OF OFFICIAL TAKING APPLICATION: \_\_\_\_\_

APPROVED BY HEADQUARTERS: \_\_\_\_\_ DATE: \_\_\_\_\_

REMARKS, IF ANY, BY HEADQUARTERS: \_\_\_\_\_