



American Maritime Officers

Affiliated with SIUNA AFL-CIO

601 S. Federal Highway • Dania Beach, FL • 33004-4109

Member Services Phone: (954)367-1050 / Memberservices@amo-union.org

AMO Headquarters Phone: (800) 362-0513

APPLICATION FOR NEW MEMBERSHIP

I hereby apply for membership in American Maritime Officers, and in so doing, I agree to abide by the Union's National Constitution and Shipping Rules

NAME _____ SSN# _____
Last First Middle

EMAIL ADDRESS _____

MAILING ADDRESS _____
Street City State Zip Code

HOME PHONE: _____ CELL PHONE: _____

PERMANENT ADDRESS _____
(If different from Mailing) Street City State Zip Code

EMERGENCY CONTACT _____
Name Relationship Phone

Street Address City State Zip Code

DATE OF BIRTH _____ PLACE OF BIRTH _____

WEIGHT _____ HEIGHT _____ HAIR COLOR _____ EYE COLOR _____

LICENSES

CURRENT LICENSE AS: _____

MMC LICENSE EXP: ____ / ____ / ____

MEDICAL CERT EXP. DATES:

S.T.C.W: ____ / ____ / ____

PILOTAGE: ____ / ____ / ____

NATIONAL: ____ / ____ / ____

TWIC EXP DATE: ____ / ____ / ____

DECK ENDORSEMENTS

ARPA: TANKERMAN DL PIC:

ECDIS: TANKERMAN PIC LNG:

GMDSS: YEAR GRADUATED: _____

LIST EMPLOYMENT FOR PAST YEAR

Company: _____

Address: _____

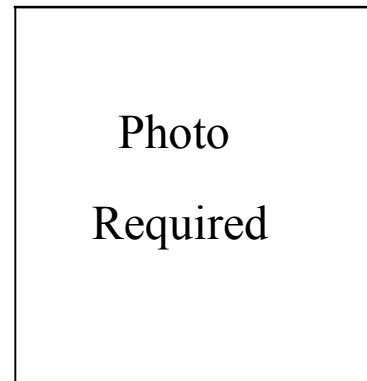
Phone: _____ TYPE OF WORK _____ HOW LONG EMPLOYED _____

LIST TWO CHARACTER REFERENCES

NAME

PHONE

OCCUPATION



OTHERS

PASSPORT EXP: ____ / ____ / ____

SECURITY CLEARANCE: YES NO

CITIZENSHIP: _____

DRUG CERT EXP (If you have one)

____ / ____ / ____

FURTHER LICENSE INFORMATION

ORIGINAL LICENSE (check one)

UNION:

SCHOOL:

SCHOOL NAME (if school above is checked): _____

TRAINING CERTIFICATES HELD (GIVE LATEST DATES)

MSC	EN	DECK	GENERAL
HELO LANDING: ___/___/___	HIGH VOLTAGE: ___/___/___	BRM: ___/___/___	VESSEL PERSONNEL W/SPECIFIC SECURITY DUTIES: ___/___/___
HELO FIREFIGHTING: ___/___/___	REFRIGERANT RECOVERY: ___/___/___	DESIGNATED CARE PROVIDER: ___/___/___	
DAMAGE CONTROL: ___/___/___	ERM: ___/___/___	MEDICAL PIC: ___/___/___	NS5: ___/___/___
SAAM: ___/___/___	GAS TURBINE: ___/___/___	ECDIS: ___/___/___	OTHER EXPLAIN: _____
SHIP REACTION FORCE: ___/___/___		TANKER PIC / DL: ___/___/___	
BASIC & ADVANCED SECURITY WATCH STANDER: ___/___/___		DP TRAINING: ___/___/___	
		NI DP OPERATOR ___/___/___	
		PILOTAGE ___/___/___	

INDICATE TYPE OF VESSEL ON WHICH YOU ARE EXPERIENCED:

TANKER:	MSC:	DP:	DIESEL:
CRUDE <input type="checkbox"/>	TAGOS <input type="checkbox"/>	CABLE <input type="checkbox"/>	SLOW SPEED <input type="checkbox"/>
PRODUCT <input type="checkbox"/>	TAGOR <input type="checkbox"/>	SURVEILLANCE <input type="checkbox"/>	MED SPEED <input type="checkbox"/>
CHEMICAL <input type="checkbox"/>	LMSR <input type="checkbox"/>	SUBMERSIBLE <input type="checkbox"/>	
LNG <input type="checkbox"/>	SL7 <input type="checkbox"/>		HEAVY LIFT <input type="checkbox"/>
CONTAINER:	RO RO:	DRY CARGO:	LAKES FREIGHTER <input type="checkbox"/>
LASH <input type="checkbox"/>	TRAILER <input type="checkbox"/>	BOOM <input type="checkbox"/>	
CONTAINER <input type="checkbox"/>	CAR CARRIER <input type="checkbox"/>	CRANE <input type="checkbox"/>	BULK <input type="checkbox"/>
OTHER: (EXPLAIN) _____		ENGINEER: (DIESEL) TYPE/HP _____	

I certify that the statements on both pages of this application are true and that the photograph attached hereto is a likeness of me.

Further, I attest that I do not believe in and am not a member of, nor do I support any organization that believes in or teaches the overthrow of the United States Government by force or illegal or unconstitutional means.

Further, I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I take this obligation freely, without mental reservation, or purpose of evasion.

SIGNATURE _____ DATE: ___/___/___

(Please submit color copies of all pages of mmc,passport,coast guard medical certificate,resume and TWIC front and back to memberservices@amo-union.org)

FOR DISPATCH ONLY

INT. FEE: _____

START DATE: _____

COMPANY _____

RATE: _____

SHIP: _____

INTERVIEWED BY: _____ DATE: ___/___/___

FOR MEMBER SERVICES USE ONLY

APPLICATION# _____ / NEW / DUPLICATE BOOK# _____ / DATE ISSUED ___/___/___

MISCELLANEOUS INFORMATION _____