



American Maritime Officers

Affiliated with SIUNA AFL-CIO

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MEMBER CONTACT INFORMATION//CHANGE OF ADDRESS UPDATE

APPLICANT# _____ / BOOK# _____

NAME _____ Mariner Reference Number _____
Last First Middle

MAILING ADDRESS _____
Street
City State Zip Code

PHONE _____ / _____
Home Cell

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

IN CASE OF EMERGENCY _____
Name Relationship Phone #
Street City State Zip Code

NEWSPAPER WILL BE SENT TO MAILING ADDRESS UNLESS NOTED DIFFERENTLY

NEWSPAPER ADDRESS _____
Street City State Zip Code

EMAIL ADDRESS _____

OTHER: _____

SIGNATURE _____ DATE: _____