



American Maritime Officers

Affiliated with SIUNA AFL-CIO

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

Member Services Phone: (954) 367-1050

AMO Headquarters Phone: (800) 362-0513

APPLICATION FOR NEW MEMBERSHIP

Before completing the AMO Membership Application, please collect the following documents:

- Color copies of your Merchant Mariner Credential, all pages, including the last page with the U.S. Coast Guard signature
- Color copy of your TWIC (front and back)
- Color copy of the full front page of your Passport
- A copy of your U.S. Coast Guard Medical Certificate (front and back) showing all three expiration dates (STCW, National and Pilotage)
- A copy of your complete résumé

Once all the documents are collected and the AMO membership application completed, please securely upload your application and credentials to the union at <https://www.amo-union.org>.

Please DO NOT EMAIL any of these documents to the AMO IT Department or to AMO Member Services.

If you have any questions, call AMO Member Services at (954) 367-1050.



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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 _____ Mariner Reference Number _____
Last First Middle

EMAIL ADDRESS _____

MAILING ADDRESS _____
Street City State Zip Code

HOME PHONE: _____ CELL PHONE: _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

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

EMERGENCY CONTACT _____
Name Relationship Phone

Street Address City State Zip Code

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)

____/____/____

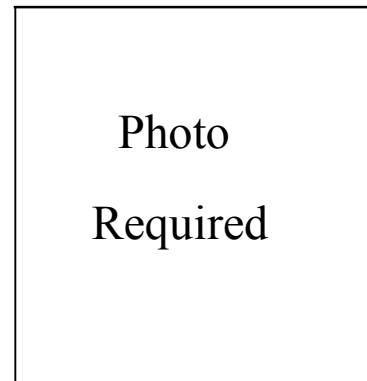
FURTHER LICENSE INFORMATION

ORIGINAL LICENSE (check one)

UNION:

SCHOOL:

SCHOOL NAME (if school above is checked): _____



Photo

Required

TRAINING CERTIFICATES HELD (GIVE LATEST DATES)

MSC	ENG	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.

Senior Officers (Chief Mate/Master, First Assistant Engineer/Chief Engineer): Please Include a Résumé With This Application.

SIGNATURE _____ DATE: ___/___/___

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 _____