



MEMBERSHIP FORM
[TO BE FILLED IN BLOCK LETTERS]

THE MARITIME UNION OF INDIA

Regd No.: BY-II-198-A 30-3-1941

Registered Office : Udyog Bhavan, 4th Floor, 29, Walchand Hirachand Marg,
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E-mail: mail@maritimeunionofindia.com or membership@maritimeunionofindia.com
Website: maritimeunionofindia.com

Affiliated to The International Transport Workers' Federation, London & Hind Mazdoor Sabha, India

Membership Fees : Rs. 1800/- per annum
Entrance Fees (For first time members - one time payment) : Rs. 500/-

Please Affix
your recent
photograph

Full Name : _____

Surname first

Date of Birth and Place : _____

INDos No.: _____ Marital Status : Married Unmarried

C.D.C. No.: _____ Place of Issue : _____ Issued on : _____ Expires on : _____

Passport No.: _____ Place of Issue : _____ Issued on : _____ Expires on : _____

Certificate of Competency (COC) No.: _____ Place & Date of Issue : _____

Name of your present company : _____

Present Rank : _____ Employment Code No. : _____

Particulars of your last company : _____

Residence Address : _____

Landline Nos. : _____

Mobile Nos. : _____ Spouse / Next of Kin _____

Email Address : _____

Details of Next of Kin declared by you at the time of joining the Company

Sr. No.	Full Name	Relationship	Mobile & E-mail ID
1			
2			
3			
4			

The details are required to assist you in case of contingency and/or in case of emergency.

I will be abide by the rules and regulation of constitution of the Union, I agree, undertake and confirm that all agreement/s entered and or executed by MUI towards representation of its members shall be binding and enforceable by/upon me and accordingly, I authorised MUI to directly collect my membership fees through my employer.

I therefore request you to enroll me as the member and/or renew my membership of the The Maritime Union of India.

Date : _____ Place : _____

Signature of Applicant

COC Protection is extended to fully paid up members only. Certificate protection fees of Rs.200 (Rupees Two Hundred only) per year payable on or before renew date.

FOR OFFICE USE

Membership No.: _____ Amount Received _____ Receipt No. _____

Place : _____

Signature of the Authorised Signatory