

Sailors' Union of the Pacific

Application for Membership

Name _____ SSN _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Birth Date _____ Birth Place _____

Ht. _____ Wt. _____ Hair _____ Eyes _____

Citizenship _____ Rating _____

Signature _____ Date _____

The Sailors' Union of the Pacific will register all qualified applicants upon presentation of a valid Merchant Mariner's Document, an STCW certificate (or evidence of completion of Basic Safety Training), recent passing drug screen, and a one hundred dollar (\$100.00) registration fee.

Print, sign and send this form, along with a copy of the above documents, to: Sailors' Union of the Pacific, 450 Harrison Street, San Francisco CA 94105.