

# AMERICAN MARITIME SAFETY, INC.

## Membership Application

**Please mail or fax this application form to our offices. Fax: 914-997-6959**

Company / Organization \_\_\_\_\_

Contact Person \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**Please Complete Either (A) or (B)**

(A) Deep Sea / Great Lake / Tug & Barge Operators / Maritime Colleges

Company/Organization/College \_\_\_\_\_

Vessel Names and USCG ID	Number of Crew
_____	_____
_____	_____
_____	_____
_____	_____

(B) Small Vessel Operators/Charter Boat Operators

Name of Vessel Operator \_\_\_\_\_

Vessel Names and USCG ID	Number of Crew
_____	_____
_____	_____
_____	_____
_____	_____

**Please check all the months of operation:**

\_\_\_ Jan \_\_\_ Feb \_\_\_ Mar \_\_\_ Apr \_\_\_ May \_\_\_ June  
\_\_\_ July \_\_\_ August \_\_\_ Sept \_\_\_ Oct \_\_\_ Nov \_\_\_ Dec

**Please provide information for each captain and crewmember assigned to the vessel.**

Name \_\_\_\_\_ Social Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Pre-Employment License Status  
\_\_\_\_ Needs Test \_\_\_\_ Licensed  
\_\_\_\_ Exempt \_\_\_\_ Needs Lic

Name \_\_\_\_\_ Social Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Pre-Employment License Status  
\_\_\_\_ Needs Test \_\_\_\_ Licensed  
\_\_\_\_ Exempt \_\_\_\_ Needs Lic

Name \_\_\_\_\_ Social Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Pre-Employment License Status  
\_\_\_\_ Needs Test \_\_\_\_ Licensed  
\_\_\_\_ Exempt \_\_\_\_ Needs Lic

Name \_\_\_\_\_ Social Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Pre-Employment License Status  
\_\_\_\_ Needs Test \_\_\_\_ Licensed  
\_\_\_\_ Exempt \_\_\_\_ Needs Lic

**Annual Membership Fee**

\_\_\_\_\_ Number of Crew x \$30 per member = \$ \_\_\_\_\_

**Payment:**

\_\_\_\_ Check (must accompany application)

\_\_\_\_ Visa \_\_\_\_ MC \_\_\_\_ AMEX

Card Number \_\_\_\_\_ Exp \_\_\_\_\_

Cardholder Name \_\_\_\_\_

**Agreement**

\_\_\_\_ I agree to comply with the terms and conditions contained in the AMS Membership Agreement.

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Signature