

# Sailors' Union of the Pacific

## Application for Membership

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_

Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_

Email \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Citizenship \_\_\_\_\_ MMC Rating \_\_\_\_\_

*Have you ever been a member of the SUP?* Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

The Sailors' Union of the Pacific will register all qualified applicants upon presentation of a valid Merchant Mariner's Certificate, passport, STCW qualifications including Basic Safety Training, TWIC, drug screen (within 6 months), valid Fit for Duty (within one year), STCW Medical Certificate, VPDS-VI/6, and a one hundred dollar (\$100.00) registration fee.

Print, sign and send this form, along with the above documents, to: SUP, 450 Harrison St., San Francisco CA 94105