***Membership Application***

***Offshore & Specialist Ships Australia***

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| **Contact Information** |
| **Surname** |  |
| **Given Name(s)** |  |
| **Address 1** |  |
| **Address 2** |  |
| **City** |  | Postcode |  |
| **State** | Victoria |
| **Phone** | Mobile |  | Other |  |
| **E-Mail Address** |  |

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| **Interested in assisting OSSA? Yes** [ ]  **No** [ ]  **If Yes please indicate below** |
| **Administration** |  [ ]  |
| **Events** |  [ ]  |
| **Fundraising** |  [ ]  |
| **Phone bank** |  [ ]  |
| **Newsletter** |  [ ]  |
| **Other (please describe)** |  |

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| **Person to Notify in case of Emergency** |
| **Name** |  |
| **Relationship** |  |
| **Address** |  |
| **Phone** | Mobile |  | Other |  |

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| **Fee / Donation Details** |
| **$50-00 per** [ ]  **annum (Jan ~ Dec)****$300-00** [ ]  **Lifetime Over 60** | **Paid By** | **Cash** [ ]  **Cheque** [ ]  **To: Offshore & Specialist Ships Australia Ltd. EFT** [ ]  **BSB 633-000 Acc. # 162344949** |
| **Donation** [ ]  | **Amount $**  |

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| **Agreement and Signature** |
| **By signing I agree to abide by the Articles of Association of Offshore and Specialist Ships Australia and for my contact details to be published in the Member area of the Website (password protected). www.offshorespecialistships.com** |
| **Name** |  |
| **Signature** |  |
| **Date (dd/mm/yyyy)** | \_\_/\_\_\_\_/\_\_\_\_ |

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| **Do you have previous Maritime experience, seagoing or shore based? Yes** [ ]  **No** [ ]  |
| **If yes, can you provide some brief details?** |  |
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