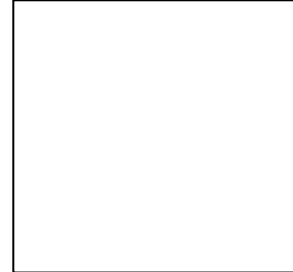


ASSOCIATION OF MARINE ENGINEERS AND SURVEYORS

(For Classified Engineers)



MEMBERSHIP DATA FORM

(A) PERSONAL DETAILS OF APPLICANT

| | |
|-------------------------|-----------------------|
| FULL NAME: | |
| PLACE OF BIRTH: | DATE OF BIRTH: |
| CONTACT ADDRESS: | |
| TELEPHONE: | |
| E-MAIL: | |

(B) BUSINESS

| |
|----------------------------------|
| NAME OF BUSINESS/COMPANY: |
| ADDRESS: |
| TELEPHONE: |

(C) TECHNICAL EDUCATION (Final level only, e.g college/university entrance)

| NAME OF SCHOOL OR UNIVERSITY | CERTIFICATE OBTAINED |
|------------------------------|----------------------|
| | |
| | |
| | |

(D) MEMBERSHIP OF PROFESSIONAL INSTITUTION

(Enter in chronological order with present or most recent experience listed first)

| FROM Month/ Year | TO Month/ Year | MONTH OF THE ORGANIZATION | GRADE OF MEMBERSHIP |
|---------------------|-------------------|------------------------------|------------------------|
| | | | |
| | | | |

PLEASE ENCLOSE COPIES OF CERTIFICATE AND CV

Date/ Signature: