



BOSTON MARINE SOCIETY

Oldest Marine Society in the World

100 1st Ave., Suite 102, Boston, MA 02129

Tel: (617) 242-0522, Fax: (617) 241-0505

Email: info@bostonmarinesociety.org, Website: www.bostonmarinesociety.org

APPLICATION FOR MARINE MEMBERSHIP

Applicant must be proposed by a member of the Boston Marine Society. An initiation fee of fifty dollars must accompany this application. According to Article I of the bylaws, if the applicant is not elected as a member to the Society, the fee will be returned.

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I, hereby, apply for membership in the Boston Marine Society on this date of\_\_\_\_\_.

\_\_\_\_\_

|           |       |        |
|-----------|-------|--------|
| Last name | first | middle |
|-----------|-------|--------|

Mail address\_\_\_\_\_

Phone: home\_\_\_\_\_ cell\_\_\_\_\_ work\_\_\_\_\_

Email address: \_\_\_\_\_

Birthplace \_\_\_\_\_ Birthdate\_\_\_\_\_ Age \_\_\_\_\_

Marital status\_\_\_\_\_ Spouse's full name\_\_\_\_\_

Full names and ages of children:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Present command \_\_\_\_\_ Length of command \_\_\_\_\_

List other commands: Please list name, nationality, type, tonnage and length of service in each of these commands. *\*Attach a copy of all your discharge papers which must total a minimum of 365 days in command.*

| <u>Name/Nationality</u> | <u>Type</u> | <u>Tonnage</u> | <u>Length of Service</u> |
|-------------------------|-------------|----------------|--------------------------|
| 1.                      | _____       | _____          | _____                    |
| 2.                      | _____       | _____          | _____                    |
| 3.                      | _____       | _____          | _____                    |
| 4.                      | _____       | _____          | _____                    |
| 5.                      | _____       | _____          | _____                    |
| 6.                      | _____       | _____          | _____                    |

Place of issue, date and serial number of your U.S. unlimited Master's License \_\_\_\_\_

*\*Please attach a copy of your license, and passport photo with this application.*

### **ACADEMIC HISTORY**

| <u>Name of School</u> | <u>Dates attended</u> | <u>Graduation Date</u> |
|-----------------------|-----------------------|------------------------|
| _____                 | _____                 | _____                  |
| _____                 | _____                 | _____                  |
| _____                 | _____                 | _____                  |
| _____                 | _____                 | _____                  |
| _____                 | _____                 | _____                  |

### **MILITARY HISTORY**

Military Service and Dates \_\_\_\_\_

Area medals, Decorations, honors, etc \_\_\_\_\_

**OTHER PROFESSIONALLY IMPORTANT AND RELEVANT FACTS AND EVENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF ELECTED AS A MARINE MEMBER TO THE BOSTON MARINE SOCIETY, HOW WOULD YOU CONTRIBUTE TO THE ONGOING MISSION OF THE SOCIETY?**

\_\_\_\_\_ **WOULD YOU BE AVAILABLE**

**FOR QUARTERLY MEETINGS AND OTHER FUNCTIONS SPONSORED BY THE SOCIETY? \_\_\_\_\_**

**WOULD YOU BE AVAILABLE TO SERVE ON COMMITTEES AFTER AN APPROPRIATE AMOUNT OF TIME AS A BMS MEMBER? \_\_\_\_\_**

Names, addresses, and email addresses of two references that are Members of the Boston Marine Society. *\*Please note that the member proposing your membership may not be one of your references.*

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

If elected, I agree to abide by the Charter and By-Laws of the Boston Marine Society.

*Applicant Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

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Signature of Boston Marine Society member proposing _____

Address: Street _____ City _____ State _____ Zip _____

Email address _____ Phone _____

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**ACTION BY MEMBERSHIP COMMITTEE**

The above applicant \_\_\_\_\_ is eligible in accordance with the By-Laws and has been found worthy and well qualified and the Committee reports favorably on this application and confirms admittance to the Boston Marine Society on this date of \_\_\_\_\_

Signature of Committee Members

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |