



APPLICATION For Associate Membership

I/We hereby make application for associate membership in The Canadian Board of Marine Underwriters.

Please give a brief description of your line of business and your interest in desiring to become associated with CBMU. Please also give the date your business commenced and indicate where commenced if different from your address as shown on the application.

Please indicate your area of expertise

Insurance Broker

Surveyor

Lawyer

Other (please specify)

By making this application, the applicant if accepted for membership agrees to abide by the terms of the CBMU Constitution as now exists or as may be properly amended from time to time.

Name of Applicant _____

Title _____

Company _____

Address _____

City _____ Prov. _____ PC. _____

Telephone _____ Fax _____ Email _____

Signature _____ Date _____

THE CANADIAN BOARD OF MARINE UNDERWRITERS

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