

Name:

The Canadian Institute of Marine Engineering

APPLICATION FOR APPOINTMENT AS A FELLOW OF THE INSTITUTE

	Name:					
APPLICANT	As you would like it to appear on certificate of appointment as a Fellow					
	Phone: Cell Phone					
	Email:					
	Member Since (year) Minimum 10 years required		Re	Roll No:		
	Branch Executive or Natio Council Position(s) Held: Minimum 3 years required	nal	Y	ears:		
	Qualifications (must have one of the following): Note: proof of credentials must be presented with application					
	Transport Canada issued Certificate of Competency as a First Class Marine Engineer or as a Second Class Marine Engineer Royal Canadian Navy Engineering MARE Marine Systems officer					
	Head of Department Qualification or equivalent					
	Royal Canadian Navy Certificate 4 or Certificate 3 for Marine Engineering Technicians					
	Signature			Date		
	Print and sign the form and give it to a member of your branch executive to complete.					
BRANCH	Approved by: On behalf of Branch Executive					
		Name (printed)	Signature	Name of Branch	Date	
NATIONAL	Director of Membership: On behalf of National Council					
N			Signature	Dat	e	