



FORM MIA 2001 APL

# INTERNATIONAL ASSOCIATION OF MERCHANT SEAMEN

19597 NE 10<sup>th</sup> Ave. – Bldg. 6 – Ste. L, FL 33179. Toll Free 888 246 2840

## OFFICIAL APPLICATION FOR MEMBERSHIP AND INTERNATIONAL SEAMAN CARD

**IMPORTANT NOTICE:** It is unlawful to make false statements and to provide intentional inaccurate information on this application. You are solely responsible for the facts stated herein, as well as for the information printed on your identification card. Your **IAMS** membership and ID card will expire and render void on the date of expiration, or when any printed relevant information becomes outdated or cannot be validated by the association. By signing this application you agree to all its terms and conditions, including all applicable and related US. and International Laws. False statements will be reported to the competent authorities and will void your membership and identification card.

**PROOF OF SEAMANSHIP (FORM I-95) IS REQUIRED WITH THIS APPLICATION (PHOTOCOPY)**

DATE FILED		SERIAL NUMBER	<b>MIA</b>
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LAST NAME ( <i>APELLIDO PATERNO</i> )	M.I	FIRST NAME ( <i>PRIMER NOMBRE</i> )	DATE OF BIRTH ( <i>MM/DD/YYYY</i> )

SEX ( <i>SEXO</i> )	HEIGHT ( <i>ESTATURA</i> )	WEIGHT ( <i>PESO</i> )	COLOR OF EYES ( <i>COLOR DE LOS OJOS</i> )	COLOR OF HAIR ( <i>COLOR DEL CABELLO</i> )
		LBS		

APPLICANT'S PERMANENT ADDRESS (*DIRECCION PERMANENTE DEL SOLICITANTE*) 2 LINES MAX.

NAME OF EMPLOYER / VESSEL OR SHIPPING COMPANY (*NOMBRE DEL BARCO O DE LA COMPAÑIA MARITIMA / NAVIERA*)

APPLICANT'S POSITION IN VESSEL (*POSICION EN EL BARCO*)

APPLICANT'S COUNTRY OF BIRTH (*PAIS DE NACIMIENTO*)

Under penalty of perjury I certify that the above information is true and correct to the best of my knowledge and belief. By signing this application I formally request membership in the **INTERNATIONAL ASSOCIATION OF MERCHANT SEAMEN**, and that an official identification card be issued on my name according to the terms and regulations set forth by the Association.

**APPLICANT'S SIGNATURE IS REQUIRED. PLEASE SIGN BELOW.**

X



NAME OF AUTHORIZED DEALER / BUSINESS / STORE