



CENTRE FOR SEAFARERS AND MARITIME WORKERS UNION

(AFFILIATED TO CITU, INDIA & MEMBER OF ISWAN, UK)

MEMBERSHIP FORM

[TO BE FILLED IN BLOCK LETTERS]

Registered Office: Pallamraju Nagar, Kakinada, Andhra Pradesh, India

Email: seamenunion@gmail.com

Website: maritimeunion.in

Membership Fees: Rs. 2000/- per annum

Entrance Fees (For first time members - onetime payment) : Rs. 500/-

Please Affix
your recent
photograph

Full Name: _____
Surname first

Date of Birth and Place: _____

INDOS No.: _____ Marital Status: Married Unmarried

C.D.C. No.: _____ Place of Issue: _____ Issued on: _____ Expires on: _____

C.O.C. No.: _____ Place of Issue: _____ Issued on: _____ Expires on: _____

Passport No.: _____ Place of Issue: _____ Issued on: _____ Expires on: _____

Certificate of Competency (COC) No.: _____ Place & Date of Issue : _____ Name of your present company : _____

Present Rank: _____ Employment Code No. : _____

Particulars of your last company: _____

Residence Address: _____

Landline Nos. : _____

Mobile Nos. : _____ Spouse / Next of Kin _____

Email Address: _____

Sr. No.	Full Name	Relationship	Mobile & E-mail ID
1			
2			
3			
4			

I hereby accept the terms and condition of union and authorizing to represent on my behalf at any forum for my interest. as well by accepting these terms and condition, I am resigning from my previous union by my own consent. hence requesting your office to accept my membership.

Date: _____ Place: _____

Signature of Applicant

FOR OFFICE USE

Membership No.: _____ Amount Received _____ Receipt No. _____

Place : _____

Signature of the Authorized Signatory



DONATION FORM
[TO BE FILLED IN BLOCK LETTERS]

**Office Address: UCSWA Trust. HIG-1. Peda Gantiyada, Gakuwaka
Visakhapatnam, Andhra Pradesh, India**
Email: seamenwelfare@gmail.com
Website: ucswa.org

Please Affix
your recent
photograph

Full Name: _____
Date of Birth and Place: _____
INDOS No.: _____ Marital Stat Married Unmarried
Present Rank: _____ Employment Code No. : _____
Residence Address: _____

Landline Nos. : _____
Mobile Nos. : _____ Spouse / Next of Kin _____
Email Address: _____

I am willing to pay Rs. 20,000/- as Donation to the Universal Christian Seafarers Welfare Association. I am aware that UCSWA Trust is a charitable organization working for the welfare of seafarers and fishermen community and also for the poorest of the poor who are in distressed, homeless and poorest of the poor etc.. I am aware that the donation given to the UCSWA trust will not be returned to me in any form. I hereby agree to the rules and regulations of UCSWA Trust So I request you to accept my freewill Donation amount and issue receipt. .

Date: _____ Place: _____

Signature of Applicant