

P.O. BOX 194623 * San Francisco, CA 94119-4623

ELIGIBILITY FOR ACTIVE MEMBERSHIP: Any person in the San Francisco Marine department of an insurance company, reinsurance company, or underwriting agency, or any Broker, Adjuster, Lawyer, Salvor or Independent Surveyor, who (is) actively engaged in marine insurance business shall be eligible for membership if, in the opinion of The Association and its Executive Committee, their affiliation will contribute to the accomplishment of its objective. The foregoing shall include any executive having supervisory authority over ocean marine insurance business.

APPLICATION FOR ACTIVE MEMBERSHIP

I, the undersigned, hereby apply for active membership in the Association of Marine Underwriters of San Francisco. If my application is accepted, I agree to conform to and be governed by the By Laws of the Association:

Name:				
Business Affiliation:				
Business Address:				
Business Telephone:				
Title of Present Position:				
Years in Present Position	:	Email Address:		
Percent of time Spent on	Marine Insura	ince:		
Please list any other emp	loyment durin	g the previous two years:		
Employer:				
Title:				
Dates:				
SIGNATURE OF APPLIC				
PROPOSED BY:		In the second		
		lember (please print & sig	jn)	
SECONDED BY:		lember (please print & sig	Ju)	
AND				
	Active M	lember (please print & sig	ın)	