



**Council of American Master Mariners  
Tampa Bay Chapter  
Membership Application**

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_

**Company Affiliation:** \_\_\_\_\_

**Active**

**Retired**

**I am willing to serve on chapter committees**

**I belong to the National Council**

**National Council Membership Number** \_\_\_\_\_

**Return this form with your current year's dues of \$15.00 to the chapter treasurer:**

**Capt. Donald M. Mercereau  
596 Catalina Isle Circle  
Venice, FL 34292-3974  
941-497-3071**

**\* Please note: Membership in the Tampa Chapter of the Council of American Master Mariners does not constitute membership in the National Council. Application is made and dues are paid to the National Secretary. Please see the National Council Application for details.**