



MARITIME UNION OF AUSTRALIA RESIGNATION FROM MEMBERSHIP

73 Southgate Ave, Cannon Hill QLD 4170
Phone: **07 3395 7215** Fax: 07 3395 7688
email: muaqld@mua.org.au

Branch: _____ Member No.: _____
Title (*Mr, Mrs, Ms, Miss*): _____ Surname: _____
Given Names: _____ Preferred Name: _____
Postal Address: _____
Suburb: _____ State: _____ Postcode: _____
Residential Address: _____
Suburb: _____ State: _____ Postcode: _____
Phone (Home): _____ (Work): _____
Mobile: _____ Fax: _____
Email: _____ D.O.B: _____
Employer: _____ Port: _____
Vessel: _____ MARITIME SUPER #: _____
Member Type (perm, Supp, GWE, etc): _____
Resignation Date: _____ / _____ / _____
Date Paid to: _____ / _____ / _____
Reason for Resigning Membership: _____

☐ **I have read and understood Rule 11** Resignation from Membership; and am aware of my obligation to pay all contributions, levies and / or fines owed by me as at the date of my resignation.

Signed: _____
Date: _____

OFFICE USE

Date Received: _____ Effective Date: _____
Contact Details Updated: _____ Other: _____
Comments: _____

ACCEPTED / NOT ACCEPTED Branch Secretary: _____ Dated: _____
Entered by: _____ Dated: _____

Original to Branch