

MEBA MEMBER & APPLICANT DATA SHEET

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_  
(LAST) ----- (FIRST) ----- (MIDDLE) (MO) / (DAY) / (YR)

STREET ADDR: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL(1): \_\_\_\_\_ EMAIL(2): \_\_\_\_\_

SS No.: \_\_\_\_\_ MMD# (Z#): \_\_\_\_\_ MMD (Z) Issued: \_\_\_\_\_ Male / Female  
(MO) / (DAY) / (YR) (Circle One)

MMD ENDORSEMENTS: \_\_\_\_\_

USCG LICENSE: \_\_\_\_\_ LICENSE Issued: \_\_\_\_\_  
(MO) / (DAY) / (YR)

USCG LIC. ENDORSEMENTS: \_\_\_\_\_

\_\_\_\_\_ GMDSS Ops LIC Issued \_\_\_\_\_ STCW95 Cert Issued: \_\_\_\_\_  
(MO) / (DAY) / (YR) (MO) / (DAY) / (YR)

MEBA Book #: \_\_\_\_\_ Book Issued: \_\_\_\_\_ U.S. Passport #: \_\_\_\_\_ Expires \_\_\_\_\_  
(MO) / (DAY) / (YR) (MO) / (DAY) / (YR)

DATE of BIRTH: \_\_\_\_\_ PLACE of BIRTH: \_\_\_\_\_  
(MO) / (DAY) / (YR) (CITY) ----- (STATE) ----- (COUNTRY)

NATURALIZATION DATE: \_\_\_\_\_ NATURALIZATION. PLACE: \_\_\_\_\_  
(MO) / (DAY) / (YR) (CITY)----- (STATE)

Original License Training Obtained Where?: \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
(If Applicable) (MO) / (DAY) / (YR)

Military Service Status: \_\_\_\_\_ Highest Rank Obtained: \_\_\_\_\_ Service Branch: \_\_\_\_\_  
(Active, Discharged, Reserve, Retired)

Current Employment: \_\_\_\_\_ Company Name: \_\_\_\_\_ Position: \_\_\_\_\_  
(Relief or Permanent)

Prior (or) Additional Union Affiliations: \_\_\_\_\_

Race (Circle One): Black / White / Hispanic / Asian / Pacific Islander / American Indian / Other  
(Note: The above question is data required by U.S. Government for reporting purposes.)  
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HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

MARRIED?: \_\_\_\_\_ NAME OF SPOUSE: \_\_\_\_\_  
(Yes) or (No) (LAST) ----- (FIRST) ----- (MIDDLE)

SPOUSE ADDRESS: \_\_\_\_\_  
(STREET ADDRESS) ----- (CITY) ----- (STATE) ----- (ZIP) ----- (COUNTRY)

TOTAL NUMBER OF DEPENDENTS: \_\_\_\_\_

NEXT OF KIN (NOK) NAME: \_\_\_\_\_ NOK RELATIONSHIP: \_\_\_\_\_  
(LAST) ----- (FIRST) ----- (MIDDLE)

NOK ADDRESS: \_\_\_\_\_  
(STREET ADDRESS) ----- (CITY) ----- (STATE) ----- (ZIP) ----- (COUNTRY)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_