



ASTS Maritime Services

registration form for adding and deleting members
(This form is only for Current ASTS Maritime Member)

Company Name: _____ Date: _____
Individual Completing This Form: _____
Phone: _____ Fax: _____ Email: _____

List of New Members

(Please fill out the information below and identify each employee as a Captain, Crewmember or Deckhand)

Employee Name	SS#	Captain	Crewmember	Deckhand
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List of Members To Be “DELETED”

Employee Name	SS#	Termination Date
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