



# IAMAW



M A I N E L O B S T E R I N G U N I O N

## Member Information

Date

Member Full Name

F/V Name

Dock Name

*Please Complete and Return*

Home Phone

Cell Phone

Email Address

Address

City

State.

ZIP Code

DOB

Social Security #

Gender

Previous IAM Member? If so, Previous IAM #

Class of Work (Captain/Sternman)

Years of Experience

Employer Name

Employer Phone Number

CI -

T Shirt Size

Membership # assigned *(for office use only)*

*Mail to*  
150 Bar Harbor Rd  
Trenton, Maine 04605

*Email to*  
mlu@lobster207.com