



“CAP HORNIERS” COFRADIA DE LOS CAPITANES DEL CABO DE HORNOS

AV. ERRAZURIZ 471 – FONONO 56 – 32 - 208113 – FAX 56 - 32 – 208296 – VALPARAISO – CHILE
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APPLICATION FOR MEMBERSHIP OF THE BROTHERHOOD.

_____ place / country date month year

Mr.
President of the Brotherhood of Cape Horn Captains.
Errázuriz 471
Valparaíso.
CHILE.

Mr. President :

It is of my interest in becoming an Active Collaborating member of the Brotherhood that you preside, and therefore complying with the provisions of the “Cap Horniers” Articles of Association dated 10 November 2005, published in our web site www.caphorniers.cl

I.- Personal Data:

Full Name	
Profession	
ID. or Passport Number	
Date of Birth	
Name of Spouse	
Address	
Telephone	
E-mail	
Work address	
Work phone	
Work E-mail	
Fax	

II.- Naval or Maritime Institutions to which you belong to:

III.- Cape Horn Crossings: Captain Crew Passenger Others

Date	Name of Ship	Type of Ship

IV.- Brotherhood’s Sponsorship:

_____ Signed