

# Port Welfare Committee – Membership Details

**PLEASE PRINT**

**Title:** (Capt., Cllr, etc) .....

**Forename:** .....

**Representing:** .....

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**Address:** .....  
(Including position  
if appropriate) .....

**Telephone No:** .....

**Mobile:** .....

**Fax:** .....

**Email:** .....

**Website:** .....

**Committee(s):** .....

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**Comments or  
Additional Info:** .....  
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.....  
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**Date:** .....

Please hand to the Secretary at a PWC meeting or return by post to:

Port Welfare Secretary  
Merchant Navy Welfare Board  
30 Palmerston Rd, Southampton, SO14 1LL