



MNWB Port Welfare Committee
Membership Details

PLEASE PRINT

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

Forename:

Representing:

Address:
(Including position
if appropriate)

Telephone No:

Mobile:

Fax:

Email:

Website:

Committee(s):

Comments or
Additional Info:

Date:

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

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