

APPLICATION FOR MEMBERSHIP

DATE:										
ORGANISATION:										
INVOICING ADDRESS:										
POST CODE:										
TEL NO.			E-MAIL:							
Number of Vessels: (As Applicable)				1	Number o	of Marine- (As App		Employe	es:	
	p Categor	ry Applied for: n only)	E	EMPLO	YER ME	MBER*		AFFILIA	TE N	/IEMBER
Employer Membership Category (See Below - * Delete as appropriate)				L	Large / Medium / Small / Very Small *					
Note: Employer Membership is only available to organisations that pay Annual Port Dues to the Port of London Authority. We, the above organisation, wish to apply to become a Member (category identified above) of the Thames Skills Academy Limited (the Company), and in accordance with the Company's Articles of Association hereby apply to be admitted as a Member; and to be subject to the provisions of the Articles of Association, and agree to comply with and uphold the Company's Charter & Code of Ethics. We acknowledge that the Membership Fees for 2017 are: Annual Employer Membership: (organisations paying Annual Port Dues to the Port of London Authority) Large Operators (turnover more than £2M) - £5,000 50% Discount £2,500 Medium Operators (turnover more than £500,000) - £2,000 50% Discount £1,000 Small Operators (turnover less than £500,000) - £1,000 50% Discount £500 Very Small Operators (turnover less than £200,000) - £1,000 50% Discount £250 Annual Affiliate Membership: £3,000+ (Minimum 3-years sponsorship)										
NAME:			E-M	AIL:						
JOB TITLE:										
SIGNATUR	E*:									

Please complete this Application Form and return it to the address below. A VAT Invoice will be sent to you once your membership has been approved by the Thames Skills Academy.

^{*} Authorised signatory for and on behalf of the applicant.