

APPLICATION FOR MEMBERSHIP

| Name of Organisation | | | | | | |
|--|--|-----------------|----------------------------------|--|------------------|--|
| Invoice Address | | | | | | |
| Postcode | | | | | | |
| Telephone Number | | E-Mail | | | | |
| Number of Vessels (Where Applicable) | | | Number of Ma (Where Applicabl | ber of Marine Based Employees e Applicable) | | |
| Membership Category Applied for (Tick one option only) | | Employer Member | | | Affiliate Member | |

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 the period 1 April 2021 to 31 March 2022 are:

Annual Employer Membership:

| Full Employer Member | £5,000 | |
|--|--------|--|
| Micro Employer (turnover less than £200,000) | £1,000 | |

Annual Affiliate Membership:

| Name | Dat | e |
|------------|-----|---|
| | | |
| | | |
| Job Title | | |
| | | |
| | | |
| Signature* | | |

* Authorised signatory for and on behalf of the applicant.

Please email this completed form to <u>admin@thamesacademy.london</u>. An invoice will be issued once your membership has been approved.

Thames Skills Academy Registered Number: 10017302

£3,000 (*Minimum 3-year sponsorship*)