

APPLICATION FOR MEMBERSHIP

Name of Organisation						
Invoice Address						
Postcode						
Telephone		Email				
Number of Vessels (Where Applicable)		Number of M (Where Applicate		arine Based Employees		
Membership (Tick one option only)		Employer Member			Affiliate Member	
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 2023 to 31 March 2024 are: Annual Employer Membership: Full Employer Member Micro Employer (turnover less than £200,000) Annual Affiliate Membership: £3,000 (Minimum 3-year sponsorship)						
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Name				Date		
Job Title						
Signature*						
* Authorised signator.	for and on behalf of th	ne applicant	<u>.</u>			

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