

APPLICATION FOR MEMBERSHIP

Organisation						
Invoice Address						
Postcode						
Telephone Number		Email				
Number of Vessels (Where Applicable)			Number of Marine-Based Employees (Where Applicable)			
Membership Category Applied for (Tick one option)		Employer	Member*		Affiliate Member	
* Note: Employer N Port of London Au	Membership is only av othority.	ailable to d	organisations ti	hat pay	/ Annual Port Dues	to the
Thames Skills Acad Association hereby	nisation, wish to apply demy Limited (the Con apply to be admitted a ion, and agree to com	npany), an as a Memb	d in accordance; and to be s	ce with subject	the Company's Arti to the provisions of	cles of the
We acknowledge th	nat the Membership Fe	ees for the	period 1 April	2020 t	to 31 March 2021 a	re:
Annual Employer	Membership:					
Full employer Member				£2,	,600	
Small Employer M (turnover less than £50			£	520		
Micro Employer M (turnover less than £2)			£	260		
Annual Affiliate N (Minimum 3 years' me			£3,	,000		
Name			I	Date		
Job Title						
Signature*						

* Authorised signatory for and on behalf of the applicant.

Once completed, please return this completed form to $\underline{\text{admin@thamesacademy.london}}.$