

**YOUNG MARITIME PROFESSIONALS****Membership Application Form**

PLEASE USE BLOCK CAPITALS AND COMPLETE ALL DETAILS

Surname _____

First Name _____ Mr / Mrs / Ms / Other

Job Title / Function _____

Organisation _____

Nature of Business _____

Company Address _____

Telephone _____ Fax _____

E-Mail _____@_____

My areas of professional special interest are: _____

My social interests are: _____

I would like to become a member of the LSLC Young Maritime Professionals Association I am interested in playing an active role in the governance of this Association I am very interested in playing an active role in one of the sub-Committees of this Association

Signature _____ Date _____

- Individual Member - £60.00 pa
- LSLC Full Individual Members and representatives from Full Corporate members – Free

I enclose a cheque for £ _____ made payable to: **London Shipping Law Centre (LSLC)**.All cheques or banker's drafts must be drawn in Sterling. For further information, please contact the Centre on 020 7063 9737, or E-mail: shipping@shippinglbc.com

Post your completed membership form to:

**The YMPA Membership Secretary, LSLC – Maritime Business Forum, International House,
2nd floor, 1 St Katharine's Way, London, E1W 1UN**