

THE SURVEY SHIPS ASSOCIATION
MEMBERSHIP APPLICATION FORM

SURNAME

FORENAMES

HOME ADDRESS

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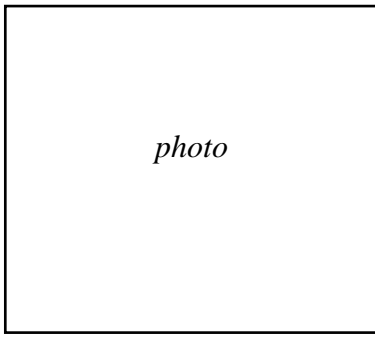
POST CODE

LANDLINE PHONE NUMBER

MOBILE PHONE NUMBER

E-MAIL D.O.B

SPOUSE / PARTNERS NAME(S)



I wish to apply for **Full/Associate/Honorary* membership of **The Survey Ships Association**. If accepted I agree to be bound by The Constitution of the Association.

I **consent / *do not consent* to my **address, *telephone numbers, *email address* being included on a list in the form of a Directory, only to be circulated to Members. (Delete as necessary).

A name brooch, if desired, is available for your wife/partner

Wife/Partner's Name for Brooch: (*including surname*)

Please record your service in Survey Ships/Units/NPs on the reverse:

£10.00 Registration Fee due on Application

Annual Subscription £10.00 (until further notice)

Preferred Method of payment by Standing Order - Combined Mandate Enclosed

REGISTRATION

Signature

Date

- * I wish to pay by Standing Order and have sent the Mandate to the Treasurer.
- * I do not wish to pay by Standing Order but will pay Annually, by 1st January without reminder and have sent a cheque to the value of £10.00 for my Registration to the Treasurer.

* Delete as necessary.

Please make cheques payable to: The Survey Ships Association
Constitution Art. 302 *Annual Subscriptions are due on 1st January*
Members not paid by 28th February will be deemed to have lapsed their membership.

Return Application Form to Membership Secretary: Mr A.J. Miles (SSA), 12 Pilgrim Road, Boston, Lincs, PE21 6JW

Return Bank Mandate Form / Cheque to Treasurer: Mrs P. Erskine (SSA), 17 Eliza Mackenzie Court, Lindisfarne Close, Cosham, Portsmouth PO6 2SB

PLEASE ENCLOSE A PASSPORT SIZE PHOTOGRAPH OF YOURSELF

