



MEDCRUISE ASSOCIATION

APPLICATION FOR ASSOCIATE MEMBERSHIP

Name	Title	
Company		
Company activities		
Address		
City	State/ Province	
Postal Code	Country	
Tel	Fax	
Email	Website	
VAT		
I acknowledge and accept the conditions on membership		
Signature		
Seconder:		
Additional names:		
2 nd Name	Title	Email
3 rd Name	Title	Email
I enclose a letter from a Regular seconding my application		