



## MEDCRUISE ASSOCIATION

### Application for Regular Membership

Name of Organisation

Postal Address

Phone

Fax

E-mail

Web-site

VAT Number

Name of Chairman/ Chief Executive Officer

Type of Organisation

Port/s under administration

Governing body

**In accordance with Article 2 of the ByeN Laws of MedCruise, the *admission* registration fee is of 10,000 euros.**

**We are hereby submitting our application for Regular Membership and accordingly forwarding a remittance for € 10,000 representing admission registration fee.**

Name of Applicant

Title held

Signature

Date

*\* Your membership status becomes effective upon our receipt of the completed application form and remittance for membership dues.*