

THE SURVEY SHIPS ASSOCIATION
MEMBERSHIP APPLICATION FORM

SURNAME

FORENAMES *photo.*

HOME ADDRESS

.....

.....

POST CODE TEL. CODE NUMBER

FAX. CODE 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* being included on a list to be circulated to all Members. (**Delete as necessary*).

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 my Bank.*

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

** 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 form to: Mr Erskine (SSA) 17 Eliza Mackenzie Court, Lindisfarne Close,
Cosham PO6 2SB**

PLEASE ENCLOSE A PASSPORT SIZE PHOTOGRAPH OF YOURSELF

