Application for Membership

Dispatch completed application with relevant copies and payment by ONE convenient mode as follows;
Email: member@nautinst.org ***or*** Facsimile: +44 (0)20 7401 2817 ***or***
Post: The Nautical Institute, 202 Lambeth Road, London SE1 7LQ

PLEASE TYPE OR WRITE ALL ENTRIES CLEARLY IN BLOCK LETTERS

Introducing Member's No. & Surname ..... [OPTIONAL]

Surname .....
First Names.....
Style (Captain, Mr, etc) .....
Employer ..... Position.....
Date of Birth .....Nationality.....
Postal Address.....
.....
.....

Office Use Only
Received

Grade

Verification of Certificates

Tel. No: .....Mobile: .....
Fax No: .....Email: .....
Certificate of Competency [CoC] held .....Number .....
Where issued .....Date of Issue.....
Basis on which issued: Examination / Previous Certificate (delete as necessary)
By Exam: College attended.....Dates .....
By Previous Certificate: Type .....Number .....
Where issued .....Date .....

Scan or Photocopies of Certificates specified above must be attached.
* Professional Experience including date of first command (where appropriate)
.....
.....
If Pilot: Licensing Authority .....Date.....
** Degree: Type & Subject.....
University .....Year of Graduation: .....

**** Officers joining under the command criteria must include a scan or photocopy of their Continuous Discharge Certificate [CDC] book to verify their sea time, rank and ship size.***
***** Graduates must supply written evidence of their employment and a copy of their degree.***

Signed.....Date .....

Joining Instructions

Please complete and return this application form together with required documentation, joining fee and first year's subscription either by cheque or credit card to **The Nautical Institute, 202 Lambeth Road, London, SE1 7LQ, UK.** On receipt, your application will be considered by Council's Membership Committee. All cheques should be made payable to **The Nautical Institute.**

Eurocard ☐ Mastercard ☐ American Express ☐ Visa ☐ Switch ☐ Switch Issue No: ..

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Name of Card Holder……Expiry Date……

Start Date:…..……
(if applicable)

Company Name (if applicable)……

Signed……...Date…….

Please tick if you wish us to charge future annual subscription fees to your credit card_ ☐
(Subscription rate changes, will be advertised in SEAWAYS in advance)-

Please tick if you require

A receipt ☐

Direct Debit form ☐
(UK bank account holders)

Bank transfer details ☐

Choice for Term Subscription A or B

A Choose Neck Tie Color
☐ Blue ☐ Maroon

B Choose publication
i) CD ☐ ii) Book ☐