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]***

Office Use Only
Received

Grade

Verification of Certificates

Surname .....

First Names.....

Style (Captain, Mr, etc) .....

Employer ..... Position.....

Date of Birth .....Nationality.....

Postal Address.....

.....

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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)

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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: .....

Name of Card Holder……Expiry Date……

Start Date:…..……
(if applicable)

Company Name (if applicable)……

Signed……...Date…….

(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 5 Year Term Subscription A or B

A Choose Neck Tie Color
☐ Blue ☐ Maroon

B Choose publication
i) CD ☐ ii) Book ☐