



MASPAN Membership Application Form

<p>Name _____</p> <p>Area of Maritime Practice _____</p> <p>Contact Address _____ _____</p> <p>Telephone Number _____ Email Address _____</p>
<p>Company/Institution/Association _____ <i>(If Applicable)</i></p> <p>Address _____ _____</p> <p>List Names of Directors _____ _____ _____ _____</p> <p>CAC Registration Number _____ Date of Registration _____</p> <p>Company Website URL _____ Email Address _____</p>
<p>Membership Category <i>(Tick as Appropriate)</i></p> <ul style="list-style-type: none">• Full Member <input type="checkbox"/>• Associate Member <input type="checkbox"/>
<p>Signature of Applicant _____ Date _____</p> <p>Signature of Sponsor* _____ Designation _____ <i>(*Sponsor Required for Associate Membership only. Form should be endorsed by the Organisation's head or a member of MASPAN)</i></p>

For questions in respect to membership, please contact the General Secretary at generalsec@maspan.org.ng