

MEMBERSHIP APPLICATION FORM 2021

Company details			
Company name			
Address			
Website			
Activity :			
□ Broker			
□ Maritime Agent			
□ Shipyard			
□ Bank / Finance			
☐ Legal advisors			
□ Fuel			
□ Shipchandler			
□ Insurance			
□ Services providers (craftsman, materiel, reparation)			
☐ Yacht owning company			
☐ Yacht show /Events			
☐ Education / Training			
□ Port/Harbour/Marina			
☐ General Press			
☐ Yachting Press			
□ Other (specify)			
Number of employees/employers in the yachting department			
Nota: Indicate the number of employees/employers working in the yachting department (Directors, Sales			
Broker, Charter broker, yacht manager, sales representative, agents, independent agents, accountant, etc)			
Membership is per company. In case of a group of companies, please make one application per registered company.			
Contacts			
Manager/Director (1) Mail			
Manager/Director(2)			



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		errals	
	Referral 1: ECPY boa	rd Company member	
Company nameEmail			
lanager/ Director's n	ame	.Manager/Director's signatur	e:
	Referral 2: E	CPY member	
Company name Email			
lanager/Director's n	ame	Manager/Director's Signa	ature:
ompany name	Referral 3: E	CPY member	
	ame		
Yearly rates a	as per number of employees/em	ployers in the yachting de	partment
	Up to 2	€400	
	From 3 to 5	€850	
	From 6 to 10	€1 350	
	From 11 to 20	€1 950	
	More than 21	€3 000	

Signature:

☐ I authorize ECPY to use my email addresses to send me newsletters.

Date: