**MEMBERSHIP TRANSFER FORM /*FORMULAIRE DE TRANSFERT D’ADHESION***

From the International Association for Marine Aids to Navigation and Lighthouse Authorities to the International Organization for Marine Aids to Navigation/ *De l’Association Internationale de Signalisation Maritime à l’Organisation internationale pour les aides à la navigation maritime*

**Organisation or Company / *Organisation ou société*** *……………………………………………………………………………………………….*

**Membership Reference/ *Référence de Membre*………………………………………………………………………………………………….**

**Representative’s Name / *Nom du (de la ) représentant (e)***……………………………………………………………………………………

**Position / *Fonction*** *……………………………………………………………………………………………..........................................................*

**Address / *Adresse:*** *…………………………………………………………………………………………………………………………………………………...*

**Country / *Pays****…………………………………………………………………………………………………………………………………………………..*

**Telephone:**………………………………………….…………………………………………………………………………………………………………………

**e-mail**…………………………………………………………………………………………………………………………………………………………………

I hereby request that our membership be transferred/ *Par la présente*, j*e demande le transfert de notre adhésion*

**From / *De* To / *A***

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Category**  ***Catégorie actuelle*** | **New Category**  ***Nouvelle catégorie*** | **Description** | **Select**  ***Cochez*** |
| National Member  Membre National | Associate Member  *Membre Associé* | Authority legally responsible for the provision of marine aids to navigation in its country/ *Autorité légalement responsable de la fourniture des aides à la*  *navigation* |  |
| Industrial Member  *Membre industriel* | Affiliate Industrial Member  *Membre Industriel Affilié* | Manufacturer, distributor or consultant in aids to navigation/ *Fabricant, distributeurs d’aides à la navigation ou ingénieur conseil* |  |
| Associate Member  *Membre associé* | Affiliate Member  *Membre Affilié* | Port, scientific organization or service responsible for aids to navigation in a specific area/ *Port, organisation scientifique ou service responsable d’aides à la navigation au niveau régional* |  |

This change will take effect when the Convention on the International Organization for Marine Aids to Navigation enters into force/*Ce changement prendra effet lors de l’entrée en force de la Convention portant création de l’Organisation internationale pour les aides à la navigation maritime.*

**Date……………………………………………………………………………Signature……………………………………………………………………**