

## **Annual Membership Application / Renewal Form**

To: The Chairperson, Tonga Women in Maritime Association Date:					
From:					
Re: Application for Membership of Tonga WIMA					
I wish to apply for membership of 20	the Tonga Wom	en in Mar	itime Associatio	on for t	he year
I agree with the objectives of Tonga Executive Committee will devise the		ipate the a	ectivities and pro	grams	that the
Please keep me informed of upco. Standing Committees.	ming activities ar	nd opporti	unities for partic	cipation	in the
Find below my completed form and my TOP \$5.00 (Individual) TOP \$150.00 (Regular Corporate Member) TOP \$100.00 Associate Member annual subscription enclosed.					
Signature:					
Year first joined Tonga WIMA					
Firm/Organization/Employer					
Office Address					
Postal Address				_	
Telephone		Mobile		Fax:	
Email					
Areas of interest/expertise					
Activities/Programs that you would like Tonga WIMA to organize (if not already)					
Which Tonga WIMA activities would you be interested in being involved with?					
In what capacity (Standing Committee member; occasional Volunteer)					
I prefer to receive Tonga WIMA notices and the e-newsletter by:	Email	Fax	Pos	t	

Email: tongawima@gmail.com

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