

# MEMBERSHIP APPLICATION



Name:

Company/Liveaboard Name:

Address:

Island/City:

Country:

Postal Code:

Telephone:

Fax:

E-mail:

How did you hear about LAM:

## **Official Use of LAM:**

Membership No:

Membership Date:

Remarks:

## **Note:**

- Companies/Liveaboards: Please attach a copy of Company/Liveaboard Registration
- Individuals: Please attach a copy of National Identity card or Passport
- Annual Fee : Mrf 4500.00
- Payments : Make all cheques payable to "Liveaboard Association of Maldives"

Signature/Company Stamp

## **Membership queries may also be addressed to:**

Liveaboard Association of Maldives

Ma. Uthuru Vehi, 4th Floor, Keneri Magu, Male', Rep of Maldives

Fax : +360 333 5060, Email : [info@liveaboardassociation.mv](mailto:info@liveaboardassociation.mv)

Or Call : +960 777 1322 – Mr. Shahid or +960 777 2403 – Mr. Mufeed