



P Y A CORPORATE MEMBERSHIP APPLICATION FORM

Company Name _____

Name representative who will receive all correspondence:

First name _____ Last name _____

Position _____

Membership Type			
SHOREBASED	Associate	Corporate	Retired

CONTACT DETAILS

Company Address _____

Mailing address _____
(if different from above)

Business Tel _____ Business Fax _____

Business Email _____

Website _____

Would you like to receive the newsletter by email? (please circle) Yes No

To the above personal email address? Yes or other email: _____

Payment Options				
Credit Card	Cash	Cheque	Transfer	Auto Renew upon expiration (please refer to payment page)

Please give brief description of the company's activities

Please send your company logo by email for your link on the PYA website

PYA
 8, Avenue Mirabeau
 06600 Antibes
 France
 Tel : +33 (0)4 93 34 91 16 Fax : +33 (0)4 93 34 21 83
 Email : info@pya.org

Membership (official use only) :

Membership type approved _____

Membership number _____

Application received on _____

Payment method/Amount _____

Card sent /collected on _____

