



LONG DISTANCE FLEET ADVISORY COUNCIL

LDAC- Membership application form

APPLICANT INFORMATION		
Organization name in full:		
Short name:	Legal Status:	
Registration Number:	Transparency number:	
Registered address:		
City:	Postcode:	State:
CONTACT PERSON		
Name:		
Position in organization:		
Phone:	E-mail:	
NATURE/ACTIVITY OF THE ORGANISATION		
SECTOR ORGANISATION or OTHER INTEREST GROUP (please specify):		
ORGANISATION OBJECTIVES (statutes to be attached):		
GEOGRAPHICAL COVERAGE (national, regional...):		
PLEASE EXPLAIN WHY YOUR ORGANISATION WANTS TO BE A MEMBER OF THE LDAC:		
INTEREST IN WORKING GROUPS OF THE LDAC		
My organization would be interested in participating in the following Working Groups:		
<input type="checkbox"/> Working Group 1: Highly migratory Stocks & relevant RFMOs	<input type="checkbox"/> Working Group 2: RFMOs & North Atlantic Agreements	
<input type="checkbox"/> Working Group 4: Bilateral relations with Third Countries	<input type="checkbox"/> Working Group 5: Horizontal issues	



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PLEASE NOTE ANY CONDITIONS OR RESERVATIONS	
SIGNATURES & OFFICIAL STAMP	
The undersigned, as a legal representative of the applicant organization, hereby declares that the organization, in being accepted as a Member Organization of the LDAC, will fulfil all the obligations of membership, as stated in the official statutes and the internal Rules of Procedure that are agreed by the General Assembly of the LDAC, and commits to payment of the annual fees.	
Signature of applicant:	Date:
Official stamp of organization:	