ref 2.1.2



Member Application Form.

For any advice or guidance in filling out Form, please contact the **iymcs** Operations Office by email to members@iymcs.com or by telephone +33 (0)980 917 549.

ref 1.3.1

Member Matrix - Member Application

QMS Related Documents.

Member Overview, Roles & Qualification.

The following documents provides detailed information of the application process:

Member Category	1	ref 1.3.2	
The basics.			
Corporate registered name of applicant:		Date of application:	
Legal status of your		Legal Representative:	
company:		Position:	
Fiscal Identity N°:		VAT Identity N°:	
Registered Office:		Category(s)	Category I courses
DI 61 :		applicant member applying for:	(Non-Commercial: Master10GT/12m, Master 20GT/15m, Master 40GT/17m, Master 40GT/20m, Marine com Radio SRC DSC A1, PWC JetS-SeaD-WaveR, Race Crew, Race Skipper, Open-Sports 10m.)
Place of business:	same as above		Category II courses
if different, please indicate;			(Commercial: Watch-leader, Master 80GT/24m, Yacht-Tender crew 15m, Ocean 20/40, Deck Engineer 40GT, Radio GMDSS ROC, Small-Vessel Safety, Crew Management, Crowd Management, Radar Operator, Deck Seamanship.)
Trading name/s:			Category III courses
(if different from registered corporate name) Your corporate website:	www		(Commercial: Master 200GT/Mate500GT, OOW 1000GT, Master 300GT/OOW 1000GT, Master 500GT/OOW 1600GT, OOW 1600GT, UnLimited OOW Ocean Astro, Deck Engineer 80GT, IT/Electrical Engineering, Radio GMDSS GOC, STCW Basic Safety, Officer Leadership.
			Category IV courses
			(Executive: Cosmopolitan Steward/ess Courses, HR Team Management, HR Leadership Management.
The persons that will be in	nvolved with iymcs.		
Principal or Managing Director:		Manager or Chief Instructor:	
Email:		Email:	
Tel mobile:		Tel mobile:	



General office telephone number:				
Admin. Person:			Accounts Person:	
Email:			Email:	
Marketing Person:				
Email:			-	
Some details about yourse	elves.			
How long have you been running courses	Do you have the	e following?	Please give the names of the	Details of vessel/s that you own? (Please provide type of vessel, model,
for?	classroom/s	qty	persons who would like to teach 'iymcs'	age & length):
	workshop/s	qty	courses?	
How many persons are actively involved with your company?	Which courses of currently?	lo you teach		
Do you have a dedicated office?				
yes no				
Do you have any additional requests?				
Can we help you with 'iymcs courses?				

A welcoming message from us.

On behalf of our Society, its Members and our Operations Office team, thank you for taking the time to fill-out this Application Form and submitting it to us; we appreciate your interest. One of our team will be contacting you within 24 hours of receipt of your application to discuss your needs and to give you the opportunity to ask any other questions and for us to ask you a few more questions in person. Later on, we will be requesting some basic company documents. We look forward to working together with you.

Roger G. Harrison.Guy Odell.Sergey Tagashov.Managing Director.Operations Director.Executive Director.

Please submit to the Operations Office by email to members@iymcs.com Thank you.



Operations Office Internal.					
Date of acknowledgement:	Ops. Office person application contact:	Member contact person:			
QMS compliance check:	Teaching staff check:	Teaching level recommendations:			
Document check: Incorporation Certificate. Passport ID of Principal or MD. Fiscal ID. Corporate Insurance.	Maritime Administration check:	Financial status check:			
Additional information related to application:	Pending referred to: If referred, follow-up actions:	Approved by: Special conditions (if applicable):			
	in referred, follow-up actions.	opecial conditions (ii applicable).			