



APPLICATION FORM / SUBSCRIPTION TO NAVIGATION (MEMBERSHIP SUBJECT TO APPROVAL BY IFN)

Last name and first name (individual member):

or name of organisation (corporate member):

Address:

Phone:

e-mail:

- applies for membership of the French Institut Français de Navigation as

an individual member ☐

a corporate member ☐

- wishes to subscribe to *NAVIGATION Journal of IFN* ☐

Date :

Signature :

This form is to be sent, with the corresponding payment to Institut Français de Navigation - c/o SNIA - 82 rue des Pyrénées 75020 PARIS - France