

SOMWS – Application for Associate Membership	
Applicant Name	Applicant Ref No

Applicant Reference Number (for SOMWS use only)

INSTRUCTIONS AND CHECKLIST FOR APPLICANTS	
<p>ALL Applicants must submit the following documentation:</p> <ul style="list-style-type: none"> • A fully completed Application for Associate Membership (this form) • A copy of your CV / Resume • A recent passport style image of yourself, in electronic format (.jpg) <p><i>Applicants may also submit other additional information they consider to be of relevance in support of their application. If additional information is submitted, please ensure the particular purpose and relevance of the information in supporting the application is clear.</i></p>	<p>Included??</p> <p>YES / NO</p> <p>YES / NO</p> <p>YES / NO</p>

Applicant Information	
Full Name:	
Date of Birth:	
Address:	
Contact Telephone (including country code):	
E-Mail address:	

SOMWS – Application for Associate Membership*Applicant Name**Applicant Ref No***Professional Qualifications / Licenses****University Degree**

Type and Subject of Degree:

University of Study
(Name, City, Country)

Year of Graduation:

Professional / Chartered Engineer

Professional / Chartered Engineer Qualification:

Institution, Professional Organization or State
Licensing Board conferring professional /
chartered status:
(Name, City, Country)

Registration / Membership Number:

Dates held: (from MM:YYYY – to MM:YYYY)

Professional / Licensed Merchant Marine

Highest Licensed Rank:

Limitations / Endorsements:

STCW Endorsed:

Dates held: (from MM:YYYY – to MM:YYYY)

License Issued by:

Registration / Membership Number:

Dates held (from MM:YYYY– to MM:YYYY):

Other (Relevant Military / Industrial / Seagoing experience)

Highest Rank / Qualification:

Institution, Organization, Branch of the Military
conferring the above:
(Name, City, Country)

Dates held (from MM:YYYY– to MM:YYYY):

Other:

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Applicant Name

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Employment History (most recent first)

Employer:
(Name, City Country)

Website:

Dates of Employment: *(from MM:YYYY – to MM:YYYY)*

Position / Title:

Type of Work undertaken:

Estimated time spent on MWS activities (months):

Employer:
(Name, City Country)

Website:

Dates of Employment: *(from MM:YYYY – to MM:YYYY)*

Position / Title:

Type of Work undertaken:

Estimated time spent on MWS activities (months):

Employer:
(Name, City Country)

Website:

Dates of Employment: *(from MM:YYYY – to MM:YYYY)*

Position / Title:

Type of Work undertaken:

Estimated time spent on MWS activities (months):

Employer:
(Name, City Country)

Website:

Dates of Employment: *(from MM:YYYY – to MM:YYYY)*

Position / Title:

Type of Work undertaken:

Estimated time spent on MWS activities (months):

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SOMWS Code Of Ethics

It is a condition of membership of the Society of Offshore Marine Warranty Surveyors (SOMWS) that all members have read, understood and agreed to be bound by the Society's Code of Ethics. The Code of Ethics is reproduced below. Please read carefully and ensure that you fully understand the requirements and obligations this Code places upon you before signing. Your signature below confirms your agreement to be bound by this Code should you be accepted for membership.

Code Of Ethics

All members of the Society agree to be bound by the following Code. In doing so you are making a promise, to yourself and to the other Members of the Society, which you should make every effort to keep to the best of your ability.

1. A Member shall not conduct themselves at any time in a manner likely to prejudice their professional status as a Marine Warranty Surveyor or the reputation of their profession.
2. A Member will pledge a complete confidential relationship to those they are called upon to serve.
3. A Member shall not solicit orders nor employ any person to do so on their behalf, nor shall they either offer to give any reward for any recommendations.
4. A Member undertakes to abide by the Rules of the Society and to support, to the best of their ability, any meeting or gathering arranged by them.
5. A Member shall only perform services in areas of their competence.
6. A Member shall not take any position contrary to his or own professional knowledge or opinion.
7. A Member shall not engage so as to create conflicts of interest unless fully disclosed to and with the prior agreement of all affected principals.
8. A Member shall not engage in any practice that may be construed to not be in compliance with the principles of free and fair competition.
9. A Member shall not offer, promise, give, authorize, solicit or accept any undue pecuniary or other advantage of any kind in order to obtain or retain business or gain other improper advantage for any party.

I agree to comply with the SOMWS Code of Ethics and further agree that in the event it is evidenced that I have breached the code, I will be subject to an adjudication process in accordance with the Rules of the Society which may result in the termination of my membership of the Society.

Signed:

Date:

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Notification of Products and Services	
SOMWS products and services are enjoyed by our members and customers globally. However if you do not wish to receive notification of products and services which may be of interest and benefit to you (by post or electronic means) please tick this box.	<input type="checkbox"/>

Data Protection
Please note that by providing your data in this application form we will make use of this in relation to your membership, if awarded. If your application is not successful your data will be deleted. Members’ photos will be used for the purposes of an online search facility to enable a member’s status and qualifications to be verified by third parties. Please see our privacy policy at www.somws.org for full details.

I hereby certify that the information contained in this application for associate membership of the Society of Offshore Marine Warranty Surveyors (SOMWS) is true and correct. I understand that any untrue information or untrue statement(s) made in the application for associate membership will be sufficient cause for rejection of my application.

I hereby give my permission for SOMWS to contact my present and former employers and other relevant parties as SOMWS may deem necessary to support its evaluation of my application for associate membership, and I hereby agree to provide any additional pertinent data that may be requested as part of the application evaluation process.

I understand and consent to the information provided on this form being processed by SOMWS for its sole use for the purpose of promoting, delivering and improving my experience of SOMWS and its product and services or such other purposes as are described in the SOMWS Data Protection policy. If either now or in the future I am based outside the European Economic Area (the “EEA”), my information may be transferred outside the EEA to enable me to benefit from SOMWS opportunities overseas or, where required, to enable SOMWS to meet any legal or other legitimate obligations in that country.

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Applicant Signature

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Date