**INTERNATIONAL MARITIME LECTURERS ASSOCIATION**

**(IMLA)**

**GROUP MEMBERSHIP FORM**

**Please complete the form and send to:**

**IMLA (treasurer), c/o World Maritime University, PO Box 500, 201 24 Malmö, Sweden**

**or E-mail it to:** **apz@wmu.se**

**Website:** [**www.imla.co**](http://www.imla.co)

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| **Name of (MET) institution:** |
| **Contact name per group:****Address:****Tel:****E-mail:** |
| **Total number of individuals in group:** |
| **Details per individual:** |
|  | Name, title & function | E-mail (individual): | Research interest/s |
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