



MEMBERSHIP APPLICATION FORM 2026

To the International Organization for Marine Aids to Navigation

Organisation or Company

Representative's Name.....

Position

Address:

Country

Telephone.....

e-mail.....

I hereby request IALA membership of the following category:

Category	Description	Amount in Euros	Select
Affiliate Industrial Member	Manufacturer, distributor or consultant in aids to navigation	6 870	<input type="checkbox"/>
Affiliate Member	Port, scientific organization or service responsible for aids to navigation in a specific area	3 320	<input type="checkbox"/>

COMMITMENT

In accepting membership of IALA, I hereby commit to:

- Paying IALA's annual membership fee by 31 January each year
- Informing IALA of my wish to resign from Membership by letter to the Secretary General by 31st December of the year before the resignation takes effect
- Participating actively in the technical committees, conferences, symposia and other relevant meetings of the organization, to share my knowledge and expertise to help it reach its goals for the improvement of maritime safety worldwide.

Date.....Signature.....