

Young Professionals in Shipping Network (Hong Kong)

Membership Application Form

NAME:

COMPANY:

POSITION:

AREA OF SHIPPING (INSURANCE/LAW/OWNER ETC):

IF A STUDENT PLEASE INDICATE AREA OF INTEREST IN SHIPPING: (P&I/OPS/LLEGAL.):

EMAIL ADDRESS:

PHONE NUMBER (OPTIONAL):

AGE RANGE:

20-30:.....

30-40:.....

OTHER:.....

HOW DID YOU HEAR ABOUT US.....

Thank you

YPSN (HK)



Y P S N
YOUNG PROFESSIONALS
in Shipping Network

WWW.YPSNHK.COM