

ASSOCIATE PARTNER MEMBER – APPLICATION FORM

The mission of the ‘Healthy Seas, a Journey from Waste to Wear’ initiative is to remove waste, in particular fishing nets and other marine litter, from the seas and oceans for the purpose of creating healthier seas and recycling marine litter.

I have read and accept the admission criteria for Associate Partners of the initiative and I hereby apply to be admitted as Associate Partner Member (APM).

1. *Organization/Company*

Full name:

Acronym:

Mail address:.....

Visiting address (if different from mail address):

Postal code, Town:

Country:

Central telephone:

Central fax:

Central email:

Website:

2. *Authorized person*

Last name:

First name:

Position:

Title and initials:

Direct telephone:

Direct fax:

Direct email:.....

I support the 'Healthy Seas, a Journey from Waste to Wear' initiative with a donation of:

.....
(minimum €15,000.00, fifteen thousand euros)

to be paid to the Healthy Seas Fund within 15 days after notification of acceptance, for the first year of membership.

Name: Healthy Seas
IBAN: NL29 TRIO 0338 5890 74
Triodos Bank NV
Utrechtseweg 44
P.O. Box 55
3700 AB Zeist, the Netherlands
BIC/SWIFT: TRIONL2U

Note: An **APM** is a partner whose activities include the manufacturing, transformation, trading, branding or licensing of polymer, plastic, apparel, garments, carpets, fabric, yarn, textile or components containing polymers or plastic, also in those cases where this is applicable only to a minor portion of the proposed APM's activity. APM will be allowed to use only and strictly the specific Healthy Seas initiative partner logo, which includes the ECONYL® brand logo. **APM** acknowledge that the use of the initiative's logo and of the initiative's promotional material will be authorized only in association with the use of the ECONYL® brand name, and will be subject to the ECONYL® products and brand name use regulation.

The donation will be utilized strictly and only to cover priority actions as part of the Healthy Seas Mission Statement and Action Plan in accordance with the Terms of Operation of the Healthy Seas Fund and the internal accountancy rules and regulations of Ghost Fishing.

Date: Place:

Signature:

Please return to:

Veronika Mikos
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Phone: +31 6 30 48 07 95
Website: www.healthyseas.org