

## Application for Membership

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| **PERSONAL DETAILS** |
| Title (Mr, Miss, etc):  | Date of birth:  | Membership No: |
| Full name (underline surname):  |
| Residential address: |
|  |
|  | Postcode: |
| Email: | Telephone: |
| **EMPLOYERS DETAILS** |
| Name: |
| Address: |
|  | Postcode: |
| Email: | Telephone: |
| **PROPOSER’S/1st REFEREE DETAILS** |
| Name: |
| Designatory qualifications: |
| Address: |
|  | Postcode: |
| Email: | Telephone: |
| **2ND REFEREE’S DETAILS** |
| Name:  |
| Designatory qualifications: |
| Address: |
|  | Postcode: |
| Email: | Telephone: |
| **3RD REFEREE’S DETAILS** |
| Name: |
| Designatory qualifications |
| Address: |
|  | Postcode: |
| Email: | Telephone: |

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| **ACADEMIC QUALIFICATIONS** (further education onwards only) |
| Dates Studied | Where | Subject | Qualification Awarded |
|  |  |  |  |
| **CAREER RECORD** |
| State in reverse chronological order – most recent first, of when and where, and the role heldAn expanded and more detailed description of your role should be covered in the professional review report |
| From | To | Position | Brief Description of Role |
| Mth | Yr | Mth | Yr |
|  |  |  |  |  |  |

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| **OTHER RELEVANT EXPERIENCE OR INFORMATION** |
| Including patents, registered designs, papers published or awards not already covered elsewhere in this form |
| **PROPOSER’S DECLARATION** |
| I certify that the statements made in connection with this application are true and correct. |
| Proposer’s signature | Date |
| I certify that the statements I have made in connection with this application are true and correct.**Please use this check list to ensure that you have enclosed all supporting documents relating to your application:** |
| **Applicant’s Signature** | Applicant Use | Office Use |
| Application form |  |  |
| CV/career summary |  |  |
| Employer organisational chart (optional but helpful) |  |  |
| Signed copies of all relevant academic certificates plus lists of modules studies |  |  |
| Payment details – please contact membership@ied.org.uk for current fees |  |  |

This form when completed should be returned to: linda@ied.org.uk electronically if possible or by post to: **Institution of Engineering Designers, Courtleigh, Westbury Leigh, Westbury, Wiltshire, BA13 3TA**

* I enclose the relevant fees by cheque/postal order/money order/cash, made payable to Institution of Engineering Designers or you can call the office with card details on 01373 822801.

SIGNED DATE