

**CORPORATE MEMBER**

**APPLICATION FORM**

**PLEASE USE BLACK INK AND WRITE CLEARLY IN BLOCK CAPITALS**

**ALL FIELDS ARE MANDATORY, PLEASE COMPLETE ALL FIELDS TO AVOID ANY DELAY IN PROCESSING YOUR APPLICATION**

|  |  |
| --- | --- |
| Name of Company |  |
| Business Structure (Ltd,Partnership/SoleTrader) | **D****D****M****M****Y****Y****Y****Y** |
| Address |  |
|  |
| County/State |  | Country |  |
| Postcode |  | Telephone Number |  |
| Work Telephone Number |  | Mobile |  |
| Email Address |  |
|  | Website |  |

|  |
| --- |
| Nature of Business Activities |
|  |

Additional documents in support may be required to be submitted following an initial review of your application.

 Certificate of Company Registration Public Liability Certificate Annual Company Accounts

Documents in support of application

|  |  |
| --- | --- |
| Date of formation of Business | **Y****M****M** |

|  |
| --- |
| **EMPLOYMENT OF IExpE MEMBERS OR ASSOCIATES**: Please give the names of IExpE members or associates employed or engaged in any other contractual capacity by your company, stating the nature of the appointments held by them: |
|  |

|  |  |
| --- | --- |
| Number of Employees |  |
| Annual Turnover |  |

Company Details

Please give details below of two senior personnel.

(SENIOR PERSONNEL NO.1)

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | First Name(s) |  |
| Surname/Family Name |  | Date of Birth | D | D | M | M | Y | Y | Y | Y |
| Job Title |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Award/Course | Course Title | Name of University/College/Awarding Body and Country | Period of Study |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Academic or Professional Qualifications & Formal/Informal Training (inc Dates)

|  |  |  |
| --- | --- | --- |
| Employer | Job Title | Date |
|  |  |  |

Work Experience (Inc Dates)

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | First Name(s) |  |
| Surname/Family Name |  | Date of Birth |  |  |  |  |  |  |  |  |
| Job Title |  |

(SENIOR PERSONNEL NO.2)

Academic or Professional Qualifications & Formal/Informal Training (inc Dates)

|  |  |  |  |
| --- | --- | --- | --- |
| Award/Course | Course Title | Name of University/College/Awarding Body and Country | Period of Study |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Employer | Job Title | Date |
|  |  |  |

Work Experience (inc Dates)

PROPOSER

|  |  |
| --- | --- |
| Name  |  |
| Address |  |
|  |
| County/State |  | Country |  |
| Postcode |  | Telephone Number |  |
| Email Address |  | Membership Number |  |

I being a present member of the IExpE, recommend the above-named company for admission as a company member of the Institute of Explosives Engineers.

When submitting your application please be aware of the Institute’s policy in relation to criminal convictions and insolvency.  If you have at the time of entering the Institute, or subsequently acquire, any relevant conviction or become subject to any order of Insolvency you need to declare them.  Details should be provided with your application in a sealed envelope marked ‘VP Membership – In Confidence’. IExpE takes your privacy seriously and your personal data will only be used in the completion of this application and thereafter only for the proper management and administration of your membership.  This will include names of all new members to be published in the journal to introduce you to membership, circulations of material to which your membership entitles you, your personal data will be held securely and will only be shared with bodies we are either legally obliged to/ or are in collaboration with.  In completing and signing this application we will take this as your consent to our use of your data along with consent to receiving any IExpE Company related documents via the IExpE website.

|  |  |
| --- | --- |
| Position Held in Company |  |

I declare that the statements made on this form are true to the best of my knowledge, I enclose my non-refundable remittance of £70.00 payable to the “Institute of Explosives Engineers” in payment of my **Application Fee.** We hereby apply for admission as a corporate member of the IExpE and undertake, if elected, to observe the conditions of membership prescribed by the Council from time to time.

|  |
| --- |
| Signature |
|   |
| Date | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |

If you require assistance please call 01785594136 or visit www.iexpe.org. Your first subscription payment will be due (pro rata), when you receive notification of acceptance, all subscriptions from then will be due annually by 31st January. Please send completed application form to **Institute of Explosives Engineers, Ground Floor, Unit 1, Greyfriars Business Park, Frank Foley Way, Stafford, ST16 2ST** or via email to **vickihall@iexpe.org**

Declaration

|  |
| --- |
| Signature |
|   |
| Date | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |
| Print Name |
|  |

I being a present member of the IExpE, recommend the above-named company for admission as a company member of the Institute of Explosives Engineers.

|  |  |
| --- | --- |
| Name  |  |
| Address |  |
|  |
| County/State |  | Country |  |
| Postcode |  | Telephone Number |  |
| Email Address |  | Membership Number |  |

SECONDER

|  |
| --- |
| Signature |
|   |
| Date | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |