|  |  |  |  |
| --- | --- | --- | --- |
| Membership Number | |  | |
| Title |  | | Name |  | | | | |
| Address | |  | | | | | | |
|  | | | | | | Postcode | |  |
| Email Address | | |  | | | | | |

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| --- | --- | --- | --- |
| Membership Number | |  | |
| Title |  | | Name |  | | | | |
| Address | |  | | | | | | |
|  | | | | | | Postcode | |  |
| Email Address | | |  | | | | | |



**MEMBERSHIP**

**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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | | | | First Name(s) | |  | | | | | | | | | | | | | | |
| Surname/Family Name | | |  | | | | | | | Date of Birth | | | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |
| Home Address | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| County/State | |  | | | | | | | Country | | |  | | | | | | | | | |
| Postcode | |  | | | | Home Telephone Number | | | | |  | | | | | | | | | | |
| Work Telephone Number | | | |  | | | | Mobile | | |  | | | | | | | | | | |
| Email Address | |  | | | | | | | | | | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| Job Title |  | |
| Employing Firm or Company | |  |

I wish to apply for **Technical** with Post-Nominals TIExpE

I wish to apply for **Student**

I wish to apply for **Associate** with Post-Nominals AIExpE

I wish to apply for **Fellow** with Post-Nominals FIExpE

I wish to apply for **Member** with Post-Nominals MIExpE

Please supply details of two referees, who can confirm the details on this application, one of which must be an IExpE Member

IExpE will contact your referees to support your application for membership. It is not IExpE policy to disclose comments made by your referees and we recommend applicants to discuss their membership application with the referee prior to submission.

Your Details

Membership Details

Referee Details

Membership Category Options To find out about requirements for each category of membership visit [www.iexpe.org/membership/make-an-application-for-membership/](http://www.iexpe.org/membership/make-an-application-for-membership/)

**I hereby apply for admission as (Please tick as applicable) of the institute and undertake, if elected, to observe the conditions of membership prescribed by the Council from time to time.**

Referee One

Employer Details

Referee Two

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

Please provide details of any qualifications you hold or are in the process of completing in the table below. Please attach any additional information such as CV and copies of certificates to support your application.

Work Experience

|  |  |  |
| --- | --- | --- |
| Employer | Job Title | Date |
|  |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Period in which continuous actual use of explosives was carried out | **Y** | **Y** | **M** | **M** | |

|  |
| --- |
| Types and makes of explosives used |
|  |

Declaration

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**

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

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.

I declare that the statements made on this form are true to the best of my knowledge.

Documents in support of application

An up to date photograph (passport size) signed and dated on the reverse

Photographic ID

my non-refundable remittance of £70.00 payable to the “Institute of Explosives Engineers” in payment of my **Application Fee** (there is no application fee for Student Membership)

Declaration