|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | Name(s) |  |
| Address |  |
|  | Postcode |  |
| Email Address |  |
| Rank |  |



**MILITARY**

**APPLICATION FORM**

**PLEASE USE BLACK INK AND WRITE CLEARLY IN THE BOXES 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 |  |

|  |  |
| --- | --- |
| Rank |  |
| Occupation |  |
| Service/Regiment/Corps |  |

|  |
| --- |
| Unit Stamp |
|   |

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

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

I wish to apply for **Student**

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

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

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

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

Referee Details

Membership Details

Service Details

This should be your current commanding officer. Please complete the details below, to include unit stamp and signature of referee

Membership Category Options To find out about requirements for each category of membership visit **www.expe.org/membership/make-an-application-for-membership/**

Your Details

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

Unit Experience

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.

Qualifications

|  |  |  |
| --- | --- | --- |
| **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 |
|   |

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 **The 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** |

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

*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’.*

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|  |
| --- |
| Signature |
|   |
| Print Name |
|  |
| 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.

Documents in support of application

Photographic ID

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

FOR OFFICIAL USE BY IExpE ONLY

**VALIDATION:** I, being a Services Representative of the Institute, recommend the above named for admission as a \*Member / Associate / Technical / Student (\*Please delete as appropriate.)

|  |
| --- |
| Validation Stamp |
|   |