

# MILITARY TRANSFER OR UPGRADE 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

## Your Details

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												
				Membership Number								

## Service Details

Rank											
Occupation											
Service/Regiment/Corps											

## Membership 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 wish to apply for the upgrade to **Member** with Post-Nominals MIExpE
  I wish to apply for the upgrade to **Fellow** with Post-Nominals FIExpE  
 I wish to apply for the upgrade to **Associate** with Post-Nominals AIExpE
  I wish to apply for the upgrade to **Technical** with Post-Nominals TIExpE

## Referee Details

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

Title	Name(s)										
Address											
				Postcode							
Email Address											
Rank											

Unit Stamp

Signature								
Date	D	D	M	M	Y	Y	Y	Y

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.

## 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.

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

## Unit Experience

Employer	Job Title	Date

Period in which continuous actual use of explosives was carried out

Y	Y	M	M
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Types and Makes of Explosives Used

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## Declaration

If you require assistance please call 01785594136 or visit [www.iexpe.org](http://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](mailto:vickihall@iexpe.org)

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

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.

## 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 / Fellow (\*Please delete as appropriate.)

Signature

Validation Stamp

Print Name

Date

D D M M Y Y Y Y