



**Membership Application Form
Company/Corporate**

Company Details			
Name of Company			
Business Structure (Ltd, Partnership/Sole Trader)			
Address			
Town		County/State	
Country		Postcode	
Point of Contact			
Telephone Number			
Email Address			
Website			
Where did you hear about IExpE			
Nature of the Business Activities			
Date of Incorporation/Commencement of Activities			
Senior Personnel – please give details below of one senior personnel who is a member of IExpE within the company.			
Membership Number		Title	
First Name(s)		Last Name	
Job Title			
Corporate Application Only – please complete this section below			
Number of Employees			
Annual Turnover			

