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

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



**PLEASE COMPLETE ALL SECTIONS AND PROVIDE ALL REQUIRED DOCUMENTS IN SUPPORT TO AVOID ANY DELAY IN PROCESSING YOUR APPLICATION**

**TRANSFER OR UPGRADE**

**APPLICATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |  |

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

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.

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

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

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

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

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/**

Membership Details

Employer Details

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

Your Details

Referee One

Referee Two

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

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 a CV and copies of certificates to support your application.

Qualifications

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 |
|   |

If you require assistance please call 01785594136 or visit www.iexpe.org. Your first subscription payment will be due, when you receive notification of acceptance. 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 **rizzasims@iexpe.org**

Declaration

Documents in support of your qualifications and training, and CV

 An up to date photograph (passport size)

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. 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

Photographic ID

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