

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								

Employer Details

Job Title												
Employing Firm or Company												

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/

- I wish to apply for the upgrade to **Fellow** with Post-Nominals FIEpE I wish to apply for the upgrade to **Technical** with Post-Nominals TIEpE
- I wish to apply for the upgrade to **Member** with Post-Nominals MIEpE I wish to apply for the upgrade to **Associate** with Post-Nominals AIEpE

Referee Details

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

Referee One

Membership Number

Title	Name											
Address												
								Postcode				
Email Address												

Referee Two

Membership Number

Title	Name											
Address												
								Postcode				
Email Address												

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

Work 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. 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

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

Signature

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Date

D	D	M	M	Y	Y	Y	Y
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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