

PRIVATE AND CONFIDENTIAL

APPLICATION FOR ELECTION AS A NON-CORPORATE MEMBER

AFFILIATE

Instructions for completing this Application Form

- Applicants should read both By-laws and Guidance Notes carefully before completing this form.
- Failure to give complete information may necessitate further correspondence and delay in the consideration of this application.
- The Institute reserves the right to take up any references with regard to this application.

1 CONTACT INFORMATION

PERSONAL

SURNAME			TITLE (Prof, Dr, Mr, Mrs, Ms, etc)	
OTHER NAMES				
DATE OF BIRTH (dd/mm/yy)			AGE	
COUNTRY OF BIRTH			NATIONALITY	
ADDRESS				
	Town		County	
	Country		Post Code	
TELEPHONE NUMBER			FAX NUMBER	
MOBILE TELEPHONE NUMBER			E-MAIL ADDRESS	

EMPLOYER

EMPLOYER'S NAME				
ADDRESS				
	Town		County	
	Country		Post Code	
TELEPHONE NUMBER			FAX NUMBER	
MOBILE TELEPHONE NUMBER			E-MAIL ADDRESS	

Address to be used for correspondence (Tick as appropriate)

Personal Employer's

PRESENT IOA MEMBERSHIP GRADE (if any) Please specify _____

DATA PROTECTION ACT

The Institute of Acoustics will hold your personal data on its computer database and process it in accordance with the Act. This information may be accessed, reviewed and used by the Institute for administrative purposes such as processing your membership application, collecting subscriptions, mailing Acoustics Bulletin and keeping you informed of Institute activities.

OFFICE USE ONLY

DETAILS	DATE	INITIAL	DETAILS	DATE	INITIAL	NOTES
Date received			Req additional information			
Date acknowledged			Elected			
Certificates checked			Election letter			
Sponsors checked			Rejected			
Committee date			Rejection letter			
Council date						
Cmttee Memb YES <input type="checkbox"/> NO <input type="checkbox"/>	Initials		Cmttee Memb YES <input type="checkbox"/> NO <input type="checkbox"/>	Initials		MEMBERSHIP NO

2 EDUCATIONAL, ACADEMIC AND PROFESSIONAL QUALIFICATIONS

List, in chronological order, educational/academic establishments attended.
 Give dates of attendance and course(s) completed with title and grade of award.
 Enclose photocopies of all relevant further education (post 'A' level) certificates/awards with the completed application form.

SECONDARY EDUCATION

DATE		SCHOOL/COLLEGE	QUALIFICATION	SUBJECT	GRADES ACHIEVED
FROM	TO				

FURTHER/VOCATIONAL EDUCATION (if any)

DATE		UNIVERSITY/COLLEGE	SUBJECT	DEGREE/AWARD	GRADE	Verifying Initials of Proposer
FROM	TO					

MEMBERSHIP OF OTHER PROFESSIONAL ORGANISATIONS (if any)

DATE	ORGANISATION	Verifying Initials of Proposer

OTHER RELEVANT INFORMATION

(Applicants are invited, where appropriate, to provide any additional information in this space in support of their application. Use not more than one additional sheet if necessary)

DETAILS	Verifying Initials of Proposer

Continue on a separate sheet if necessary

MEMBERSHIP OF ENGINEERING COUNCIL

If you are registered with the Engineering Council then please tick CEng IEng EngTech

Through which Institute are you registered _____ Registration Number _____

If you would like to receive information about Engineering Council registration then please tick

3 DECLARATION

I declare that the information contained within this application is, to the best of my knowledge and belief, true and correct in every particular.

I authorise the taking up of any references by the Institute in connection with this application.

I, the undersigned, having applied for membership of the Institute of Acoustics, hereby declare that if elected I will be governed by the Articles, By-laws, Rules and Regulations of the Institute from time to time in force; and that whilst a member of the Institute, I will advance the aims and objects of the Institute as far as shall be in my power; I also undertake that I will forthwith cease to exercise any of the privileges of membership on receipt of a notice from the Honorary Secretary that in accordance with some one or more of the Articles I have been declared to be no longer a member of the Institute and I will forthwith, upon ceasing to be a member return any books, papers or other property belonging to the Institute, or for which the Institute is responsible, in my possession or entrusted to me. AS WITNESS my hand

Signed _____ this _____ day of _____ 20____

4 ATTESTATION BY PROPOSER

I the undersigned, propose the candidate from personal knowledge, as a person *worthy of consideration* for admission to the class of Affiliate and I confirm, to the best of my knowledge and belief, the correctness of the information above which I have verified with my initials.

PROPOSER Signed _____ Date _____ 20____

NAME		GRADE	
ADDRESS			
	Town	County	
	Country	Post Code	

NOTES FOR SPONSORS (PROPOSER)

- Applications for the grade of Affiliate require one Sponsor (the Proposer) who must be a corporate member of the Institute.
- In signing the attestation, Sponsors should note that they are not recommending acceptance of the individual application but indicating that the person is, in their view, worthy of consideration by the Membership Committee.
- Sponsors should have personal knowledge of the Applicant and should be able to verify the Applicant's academic qualifications. Sponsors should initial the relevant entries in the appropriate boxes on page 2.
- Sponsors should ensure that the Applicant has provided sufficient detail in each section of the application form to allow the Membership Committee to obtain a clear picture of the Applicant's academic background.
- The Membership Committee reserves the right to approach Sponsors for further information concerning the Applicant and Sponsors should be prepared to provide a confidential report on the Applicant if requested to do so.