

Application for Membership



Please refer to guidance notes before completing this form

1) Applicant's details (Please use block capitals)

Membership no. (if applicable)

Current Membership Class (if applicable)

Title

Gender

Date of birth

Surname

Forename

Home address

Postcode

Telephone (private)

Mobile

Email

I wish to be admitted/transferred to the *Associate/ Incorporated class of membership and, undertake to observe the Charter and Bye-Laws and regulations of the Institute for the time being in force. These can be found on the CIOB website at www.ciob.org.uk/royalcharter.

I understand that progression in membership depends not only upon my complying with the Institute's academic requirements but also upon my acquiring practical experience of a satisfactory nature, duration and level as set out in the Membership Regulations available on the CIOB website.

I also agree to pay the appropriate annual subscription as requested by the Institute.

I declare that the statements on this form and in any accompanying documents are true.

The CIOB processes member information in accordance with the Data Protection Act 1988. The CIOB does not submit any member details to third parties. By ticking this box, you are agreeing to receive information from the CIOB about relevant CIOB communications. If you do not wish to receive these communications then please ensure this box is not ticked.

Signature of applicant

Date

* Delete as appropriate

2) Higher education and qualifications

To ensure we are able to speed your application through quickly, please ensure you enclose copies of your qualifications and an up to date CV.

Award	Teaching Institution	Title of course	Dates

I enclose photocopies of each of the above awards

Membership of other Professional Bodies:

