

## APPLICATION FOR MEMBERSHIP

Before completing this form please read the Notes for Guidance for Applying. All relevant sections of the following form must be completed, even when additional information is provided on a separate sheet. New members apply to join on the basis that the appropriate grade of membership will be awarded by the Institute on acceptance, and that the level will be determined by the details supplied on this form.

When the applicant is notified of the grade of membership offered by the Institute a request for the appropriate membership fee will be made.

Personal details collected in respect of applications will be treated in the strictest confidence and every effort is made to ensure that data is held securely. I agree to my details being passed onto individuals involved in the application review process.

Please accept my application for membership. If accepted I agree to abide with the By-Laws of the Institute.

Signed: ..... Date: .....

### A. PERSONAL DETAILS

Title ( <i>Dr/Mr/Mrs/Miss/Ms</i> ):	Surname:
Other Names:	Date of Birth:
Home Email address:	
Telephone:	
Address for correspondence:	



### A. DETAILS OF PRESENT POST

Job Title:	Date of Appointment:
Employer Name:	
Employer Address:	
Email:	
Type of Laboratory:	
Brief details of practical work undertaken in the year prior to application:	

### B. PREVIOUS EMPLOYMENT HISTORY

Date:	Employer:	Type of Work/Status/Title/Discipline:

### C. QUALIFICATIONS

Give details below of any examinations passed, prizes or scholarships awarded etc. *(Documentary evidence must be forwarded with this form, scanned images in jpg format are acceptable)*

Date:	Examinations/Prizes/Scholarships etc:	Institution:

### D. COURSES AND OTHER RELEVANT DETAILS

Give details below of any courses you have, or are attending, membership of other professional bodies, published work etc.

Date:	Courses/Professional Bodies/Publications etc:

## E. REFEREE

Give name, qualifications and full address of your Head of Department/Supervisor, who need not be a member of the Institute, who knows you personally and who would confirm the particulars on this form and who would support your application for membership of the Institute.

Name:

Position:

Organisation:

Qualification(s):

Email:

Address:

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### FOR OFFICE USE ONLY

Application received:

Registration fee received:

Referee form sent:

Applicant notified:

Grade awarded:

Membership fee received:

Membership No:

Membership card & Diploma sent:

Direct debit instruction received: