



International Institute of Metalforming

National Metalforming Centre
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Application for Membership

(PLEASE USE BLOCK CAPITALS)

Surname

Forenames

Private Address

.....

Telephone Number Email:

Date of Birth Nationality

Company or Organisation

Address

.....

Telephone Number Email:

Principal activity of Company/Organisation

Present Position

Communications to be sent to Private/Company address. [Please delete as applicable]

Level of Membership for which application is made:

(1) FELLOW

(2) MEMBER

(3) AFFILIATE/STUDENT

QUALIFICATIONS: (Academic or Professional with name of Awarding Body)

Date

Qualification

.....

.....

EXPERIENCE:

Employment

Period (in years)

Position held

.....

.....

Signature Date

APPLICANTS APPLYING FOR 'FELLOW & MEMBER' GRADE MUST GIVE A MORE DETAILED RESUME OF EMPLOYMENT & EXPERIENCE ON A SEPARATE SHEET. DATA PROTECTION ACT 1984

The Institute is registered and complies with the requirements of the Data Protection Act 1984.

All applicants for Membership, at the level of Member, are asked to obtain a signed declaration by a business associate or person in a position of responsibility who has been known to the applicant for at least five years.

The applicant has been known to me for years, and the particulars on the application form are correct to the best of my knowledge.

Full Name:..... Occupation:..... Date: