

**MEMBERSHIP APPLICATION FORM**

**(also to be used by applicants for Interim CEng & IEng registration)**

* This form should be used by **all** applicants, including existing members wishing to upgrade, with the exception of Affiliates, Student Affiliates, Apprentice Affiliates and e-Associates who should apply online at [www.aerosociety.com/membership](http://www.aerosociety.com/membership)
* This form **should** be used if you wish to apply for **Interim CEng or IEng** registration
* Please do **NOT** use this form if you wish to apply for Final CEng, IEng or EngTech registration. Visit the website for the appropriate application form: <http://aerosociety.com/Professional-Recognition/Registration/stepbystep-guide>
* Complete the form electronically **in black** and print for signing.
* Please print the documents on one side only of A4 paper. Do not staple or bind the documents.
* Attach copies of **academic or professional** qualification certificates.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. APPLICATION** | | | | | | | | | | | | | | | | | | |
| Please tick the grade of membership you wish to apply for:  ARAeS  AMRAeS  MRAeS  FRAeS  CRAeS  I also wish to apply for  Interim CEng  Interim IEng | | | | | | | | | | | | | | | | | | |
| Existing membership number and grade (if applicable): | | |  |  | | | |  |  |  | |  |  | Grade: | | | | |
| **2. APPLICANT DETAILS** | | | | | | | | | | | | | | | | | | |
| Title (and rank, if applicable): | | | | | First Name(s): | | | | | | | | | | | | | |
| Surname (Family name): | | | | | | | | | | | | | | | Date of birth: | | | |
| Designations (letters after your name, e.g. BSc, MEng, OBE) | | | | | | | | | | | | | | | Gender: Male Female | | | |
| Job title | | | | | Company grade (if applicable) | | | | | | | | | | | | | |
| Home address | | | | | | | | | | | | | | | | | | |
| Tick if preferred address for correspondence | | | | | Post/zip code: | | | | | | | | | | | Country: | | |
| Home email address: | | | | | Home telephone no: | | | | | | | | | | | | | |
| **3. EMPLOYER DETAILS** (if applicable) | | | | | | | | | | | | | | | | | | |
| Employer Name | | | | | | | | | | | | | | | | | | |
| Employer address | | | | | | | | | | | | | | | | | | |
| Tick if preferred address for correspondence | | | | | | Post/zip code: | | | | | | | | | | | | Country |
| Work email address: | | | | | | Work telephone no: | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Membership No** | | | | | | | **Grade** | | | | | | | | | | **Route**  *V2 16 Oct 2013* | |
| **4. QUALIFICATIONS**  Visit [www.aerosociety.com/membership](http://www.aerosociety.com/membership) for information on the range of exemplifying qualifications and necessary experience required for each grade of membership.  Please list all post school qualifications (i.e. courses of 6 months duration or longer). Attach copies of **academic or professional** qualification certificates. | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Start Date | End Date | Course/Qualification Title | Educational Establishment | Classification | FT/PT/SW/Distance Learning | |  |  |  |  |  |  |   **5. PROFESSIONAL PUBLICATIONS, PAPERS PRESENTED, ETC (if applicable)** If applying to upgrade to Fellow please indicate achievements since obtaining current grade of membership   |  |  | | --- | --- | | Date | Title | |  |  |   **6. ORGANISATION CHART** (please append, if necessary)   |  | | --- | |  |   **7. RELEVANT CAREER HISTORY** (please append a full CV detailing all relevant roles and responsibilities. If applying to upgrade to your membership, please clearly indicate your achievements since obtaining membership)  **8. PROFESSIONAL REFEREES**  **All applications require** two referees known to you in a professional capacity (e.g. a member of the Society or a line manager), with the exception of **Fellowship applications** where referees are required to be Fellows of the Society (or hold a similar level of membership in another professional body). The Society reserves the right to contact referees about any statement in the application | | | | | | | | | | | | | | | | | | |
|  | **Referee 1** | | | | | | | | | **Referee 2** | | | | | | | | |
| Referee name: |  | | | | | | | | |  | | | | | | | | |
| Job title and employer: |  | | | | | | | | |  | | | | | | | | |
| Address and email address: |  | | | | | | | | |  | | | | | | | | |
| Numbers of years known to you: |  | | | | | | | | |  | | | | | | | | |
| Grade of membership and professional body to which s/he belongs: |  | | | | | | | | |  | | | | | | | | |
| Capacity in which you know the referee: |  | | | | | | | | |  | | | | | | | | |
| **Sponsors for Fellowship** should provide their Fellowship number: | **FRAeS No:** | | | | | | | | | **FRAeS No:** | | | | | | | | |

**9. APPLICANT’S DECLARATION**

*I certify that the information contained in this form and any accompanying documentation is correct. I agree that in the event of my election to any class of membership of the Society, I will be bound by the Society’s Charter, By-Laws and Codes of Professional and Member Conduct and will further the objectives of the Society as far as shall be within my power during such time as I remain a member. I accept the Society reserves the right to expel me if any of the information in this form and any accompanying documentation are found to be falsified.*

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| Signed: | |
| Print name: | Date: |