

Application for Membership

Please complete this application form in **BLOCK CAPITALS**.

New member: Fellow Member Graduate Associate Technician Student
(to be completed by all new members of the ABE)

Transfer: Membership no: _____ Current membership grade: _____ Grade sought: _____
(to be completed by existing members of the ABE)

Personal details

Surname: _____ Forename(s): _____ Title (Mr/Mrs/Miss/Other): _____

Date of birth: _____ Other professional qualifications: _____

Home address: _____ **Work address:** _____

_____ Postcode: _____

Tel: _____ Position: _____

Mobile: _____ Tel: _____

Fax: _____ E-mail: _____

E-mail: _____ Website: _____

Statement by two supporters

To be signed by two Corporate Members of the Association, or of a recognised related professional body, who have personal knowledge of you. The supporters must have known you for a minimum of one year. (not applicable for student membership)

I certify that to the best of my knowledge and belief the information given by the applicant on this form is correct and I consider the applicant to be a fit and proper person for election to the class of membership sought.

Name: _____ Name: _____

Professional qualifications: _____ Professional qualifications: _____

Employer: _____ Employer: _____

Office held: _____ Office held: _____

Tel: _____ Tel: _____

E-mail: _____ E-mail: _____

Signature: _____ Date: _____ Signature: _____ Date: _____

Statement by employer:

The person completing this section must be the applicant's present employer who, if a Corporate Member of the Association, may also support the application.

I certify that to the best of my knowledge and belief the information given by the applicant on this form is correct and I consider the applicant to be a fit and proper person for election to the class of membership sought.

Name: _____ Position: _____

Tel: _____ E-mail: _____

Signature: _____ Date: _____

Have you included? Current CV 2-year CPD record Certificates (include copies)

Do not forget to: Sign the declaration Enclose the appropriate fee (including £50.00 application fee)
(not applicable for student membership)

Please return your completed application form to:

Association of Building Engineers, Lutyens House, Billing Brook Road, Weston Favell, Northampton NN3 8NW.

Disclaimer

This MUST BE SIGNED by all applicants

The Association will hold and process data on you for purposes connected with your membership. This data will be held electronically and may be transferred to regional committees, ABE Enterprises Ltd and third parties both within the EU and elsewhere via the internet. As a member of the Association, you hereby consent to the Association holding, processing and transferring data as described in this statement during your membership of the Association and following the statement's termination.

I agree to abide by the Bye-Laws of the Association and to observe the Codes of Professional Conduct (all available at www.abe.org.uk/membership). I confirm that the information supplied in support of my application form is correct.

By signing below you consent to the Association of Building Engineers' disclaimer and declaration.

Signature: _____ Date: _____

Please tick if you **do not** wish to receive the monthly regional E-newsletter

01604 404121

info@abe.org.uk

www.abe.org.uk