



THE INSTITUTION OF FIRE ENGINEERS

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APPLICATION FOR AFFILIATE (INDIVIDUAL) MEMBERSHIP 2008

Please complete in **BLOCK CAPITALS**, using **black ink**

Personal Details											
Surname:				First Names:				Title:			
Post Nominals (if applicable):								Date of Birth:			
Home Address:											
Postcode:						Country:					
Telephone								E-mail			
Mobile											

Employment Details											
Position held											
Company Name						Telephone					
Company Address											
Postcode						Country					

Please indicate which address is to be used for correspondence Home Business

Signature:	Date:
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I certify that all statement and answers given on this form are to the best of my knowledge true in substance and are made in good faith. I agree to abide by the Membership Rules for Titles and Grades.

METHODS OF PAYMENT											
<input type="checkbox"/> CHEQUE: I enclose a cheque in the amount of £66.00, or <input type="checkbox"/> CREDIT CARD: I authorise you to debit the card details below with the amount of £66.00											
Cardholder Name and Address (if different to above) Please print in block capitals											
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VISA / MASTERCARD (delete as appropriate)											
Credit Card Number: / / / / / / / / / /											
Valid From:			Expiry Date:			2 0					
Month Year			Month Year								

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In accordance with the Data Protection Act IFE (and companies processing data on its behalf) will hold and use the data contained on this form for administration purposes, to keep you informed of its activities, and offer goods and services provided by the Institution. For members who live outside the UK data may be transferred to their local centre.											
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If you would prefer no to receive such mailing please mark the box <input type="checkbox"/>											
If you would also prefer not to receive IFE product and service literature please mark the box <input type="checkbox"/>											
The Institution is fully registered under the Data Protection Act as both a data user and a computer bureau.											