



THE INSTITUTION OF FIRE ENGINEERS
FOUNDED 1918 • INCORPORATED 1924



The IFE is a licensed member
of The Engineering Council

Full Time Education Student Membership Application Form

PLEASE CLICK GREY AREA, KEY IN INFORMATION, PRINT AND SIGN
ALTERNATIVELY, PRINT OFF THE FORM, WRITE IN BLOCK CAPITALS AND SIGN

PERSONAL DETAILS			
SURNAME			
FIRST NAME(S)			
TITLE		DATE OF BIRTH	
POST NOMINALS		GENDER	MALE / FEMALE <i>delete as applicable</i>
JOB TITLE IF APPLICABLE			
EMPLOYER IF APPLICABLE			
CORRESPONDENCE ADDRESS			
TOWN / CITY			
POSTCODE			
COUNTRY			
TELEPHONE			
MOBILE TELEPHONE			
E-MAIL			

DETAILS OF ANY PREVIOUS OR EXISTING MEMBERSHIP OF THE IFE	
MEMBERSHIP NUMBER	
GRADE	

COURSE DETAILS – REMEMBER TO ATTACH EVIDENCE OTHERWISE YOUR FORM WILL NOT BE PROCESSED			
NAME OF EDUCATION PROVIDER			
FULL NAME OF COURSE AND QUALIFICATION			
COURSE TYPE (FULL TIME / SANDWICH)			
START DATE		END DATE	
PLEASE DETAIL BELOW TYPE OF EVIDENCE OF COURSE / STUDY PROGRAMME YOU HAVE ATTACHED TO THIS FORM - FOR EXAMPLE LETTER FROM YOUR EDUCATION PROVIDER, LETTER FROM YOUR EMPLOYER, COPY OF ENROLMENT LETTER:			

