

PLEASE USE BLACK INK AND WRITE CLEARLY IN BLOCK CAPITALS

ALL FIELDS ARE MANDATORY, PLEASE COMPLETE ALL FIELDS TO AVOID ANY DELAY IN PROCESSING YOUR APPLICATION

Company Details

Name of Company			
Business Structure (Ltd,Partnership/SoleTrader)			
Address			
County/State		Country	
Postcode	Telephone Number		
Primary Contact Name		Primary Contact Number	
Primary Contact Email Address			
Position Held in Company		Website	

Nature of Business Activities

Date of formation of Business

Number of Employees

Annual Turnover

EMPLOYMENT OF IExpE MEMBERS OR ASSOCIATES: Please give the names of IExpE members or associates employed or engaged in any other contractual capacity by your company, stating the nature of the appointments held by them:

Documents in support of application

Additional documents in support may be required to be submitted following an initial review of your application.

Certificate of Company Registration Public Liability Certificate Annual Company Accounts

Please give details below of two senior personnel.

(SENIOR PERSONNEL NO.1)

Title		First Name(s)									
Surname/Family Name			Date of Birth	D	D	M	M	Y	Y	Y	Y
Job Title											

Academic or Professional Qualifications & Formal/Informal Training (inc Dates)

Award/Course	Course Title	Name of University/College/ Awarding Body and Country	Period of Study

Work Experience (Inc Dates)

Employer	Job Title	Date

(SENIOR PERSONNEL NO.2)

Title		First Name(s)															
Surname/Family Name							Date of Birth										
Job Title																	

Academic or Professional Qualifications & Formal/Informal Training (inc Dates)

Award/Course	Course Title	Name of University/College/ Awarding Body and Country	Period of Study

Work Experience (inc Dates)

Employer	Job Title	Date

PROPOSER

Name											
Address											
County/State				Country							
Postcode			Telephone Number								
Email Address				Membership Number							
<p>I being a present member of the IExpE, recommend the above-named company for admission as a company member of the Institute of Explosives Engineers.</p>				Signature							
Date				D	D	M	M	Y	Y	Y	Y

SECONDER

Name											
Address											
County/State				Country							
Postcode			Telephone Number								
Email Address				Membership Number							
<p>I being a present member of the IExpE, recommend the above-named company for admission as a company member of the Institute of Explosives Engineers.</p>				Signature							
Date				D	D	M	M	Y	Y	Y	Y
Print Name											

Declaration

If you require assistance please call 01785594136 or visit www.iexpe.org. Your first subscription payment will be due (pro rata), when you receive notification of acceptance, all subscriptions from then will be due annually by 31st January. Please send completed application form to **Institute of Explosives Engineers, Ground Floor, Unit 1, Greyfriars Business Park, Frank Foley Way, Stafford, ST16 2ST** or via email to vickihall@iexpe.org

I declare that the statements made on this form are true to the best of my knowledge, I enclose my non-refundable remittance of £70.00 payable to the "Institute of Explosives Engineers" in payment of my **Application Fee**. We hereby apply for admission as a corporate member of the IExpE and undertake, if elected, to observe the conditions of membership prescribed by the Council from time to time.

Signature

Date

D D M M Y Y Y Y

Position Held in Company

IExpE takes your privacy seriously and your personal data will only be used in the completion of this application and thereafter only for the proper management and administration of your membership. This will include names of all new members to be published in the journal to introduce you to membership, circulations of material to which your membership entitles you, your personal data will be held securely and will only be shared with bodies we are either legally obliged to/ or are in collaboration with. In completing and signing this application we will take this as your consent to our use of your data.