

Membership Application Form

If you are not already a member of the Institution of Environmental Sciences (IES), please ensure that your membership application to the Institute of Air Quality Management (IAQM) is accompanied by an IES application (www.ies-uk.org.uk). This form sets out the additional information required relating to your specialist experience in air quality management to determine your IAQM membership grade.

YOUR DETAILS

Surname

Forenames in full

Contact address

E-mail address

Telephone no.

Grade applied for: Associate

Member

Fellow

Date of birth

YOUR AIR QUALITY EXPERIENCE

Please provide a detailed description below of your work and educational experience relating to air quality. Please **also include a CV**. For Member grade, please write a detailed career history showing at least 3 years full-time equivalent air quality experience. This should include company/university contact details, relevant postgraduate research and relevant work experience. For each post, please state its duration, your level of responsibility and the air quality experience gained. You may be asked to provide documentary proof.

Please continue on an additional sheet if required.

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REFEREES

Please provide names and contact details for two referees with knowledge of your air quality related experience – at least one should be from your current employer/organisation.

Referee 1		Referee 2	
Job title		Job title	
Contact details		Contact details	

This form should be forwarded to *IAQM, c/o Institution of Environmental Sciences, 34 Grosvenor Gardens, London SW1W 0DH* or emailed to enquiries@ies-uk.org.uk with an electronic signature. Please ensure the form is signed, your CV is included and you have paid the application fee (£10). This can be paid by cheque or by credit/debit card by calling 020 7730 5516.

Members' particulars will be entered in a database, which may be published or made public (excluding contact details). If you do not wish your details to be published, please tick the box opposite.

I certify that the information given on this form is accurate and I apply for admission to the Institute of Air Quality Management (IAQM). If admitted, I will abide by the rules of the IAQM.

Date		Signature	
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FOR OFFICE USE ONLY

Grade award: Associate Member Fellow Membership Committee date:

Comments

Signature:		Date:	
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