

**APPLICATION FOR MEMBERSHIP** TYPE or BLOCK CAPITALS please

<b>Surname:</b>				<b>Current employer:</b>			
Forenames:				Business address:			
Home address:							
				Tel:		Fax:	
Tel:		Mobile:		Email (applicant):			
Email:				Job title:			
Date of birth		/ /		Mr/Ms/Miss/Mrs		<b>Address for correspondence:</b> <input type="checkbox"/> Home <input type="checkbox"/> Business	
<b>Engineering qualifications</b> (please list all engineering qualifications and attach copy parchments)							
Qualification awarded	Grade awarded	College	Duration of course	Full-time Part-time	Discipline	Year of entry	Year of graduation
<b>Membership of other professional bodies</b>							
Name of organisation		Grade	Abbreviated title	Current or past	Year of admission		
<b>Engineering Division</b> (please tick up to three boxes)							
<input type="checkbox"/> Agricultural & Food		<input type="checkbox"/> Electrical & Electronic		<input type="checkbox"/> Information Communications Technology (ICT)			
<input type="checkbox"/> Biomedical		<input type="checkbox"/> Energy – Environment		<input type="checkbox"/> Local Government			
<input type="checkbox"/> Chemical & Process		<input type="checkbox"/> Extractive Industries		<input type="checkbox"/> Mechanical & Manufacturing			
<input type="checkbox"/> Civil		<input type="checkbox"/> Fire and Safety		<input type="checkbox"/> Structures & Construction			
<b>Societies</b> (please tick the societies you would like to be affiliated with)							
<input type="checkbox"/> Academic		<input type="checkbox"/> Heritage		<input type="checkbox"/> Roads & Transportation			
<input type="checkbox"/> An Roth		<input type="checkbox"/> MEETA		<input type="checkbox"/> Water & Environmental Engineering			
<input type="checkbox"/> Geotechnical		<input type="checkbox"/> Project Management		<input type="checkbox"/> Young Engineers			
<b>Were you referred by a friend?</b>							
Referrer's first name			Referrer's family name				
Referrer's membership number							
<p>DECLARATION: I hereby apply for membership of Engineers Ireland. I agree that the college(s) from which I graduated may release details of my qualifications to Engineers Ireland. I undertake that if elected I will abide by the code of ethics, bye-laws and membership regulations of Engineers Ireland. I accept responsibility for the accuracy of the particulars contained in this form including my qualifications and I agree that if admitted to membership the validity of my admission shall depend upon the accuracy of such particulars. I agree to the Engineers Ireland Data Retention Policy. I agree, if applying for membership through the Refer a Friend Scheme, to have read and to agree to the terms and conditions of the Scheme.</p>							
Signature:						Date:	
<b>FOR OFFICE USE ONLY</b>							
Date received:		Amount paid:		Provisional No.			
Date acknowledged:		A. sub		Membership No.			

# VERIFICATION OF QUALIFICATIONS



## FOR THOSE APPLYING FOR MEMBERSHIP: SIGNED RELEASE OF INFORMATION OF QUALIFICATIONS

- The onus is on the applicant to provide Engineers Ireland with verification of his/her qualifications.
- In order to process applications for membership candidates must complete the relevant sections of this form and forward it either to the appropriate university/college or to Engineers Ireland.

1) This section should be fully completed by the candidate and forwarded to the university/college.

**BLOCK CAPITALS PLEASE**

Candidate's name:	<input type="text"/>		
Candidate's address:	<input type="text"/>		
Candidate's email:	<input type="text"/>	Phone:	<input type="text"/>
Student number:	<input type="text"/>	Date of birth:	<input type="text"/>
University/college:	<input type="text"/>		
Address of university:	<input type="text"/>		
Full title of qualification awarded:	<input type="text"/>		
Branch of engineering studied (e.g., civil, etc.):	<input type="text"/>		
Year of entry:	<input type="text"/>	Year of graduation:	<input type="text"/>
Duration of study:	<input type="text"/>	Grade awarded:	<input type="text"/>

I hereby authorise the above mentioned college to release the information on this form to Engineers Ireland, which is the national representative body for the engineering profession in Ireland.

Signed:	<input type="text"/>	Date:	<input type="text"/>
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2) This section should be signed by the Academic Registrar or head of appropriate engineering department or their deputies and should bear the official stamp of the college.

The above mentioned graduate has applied to Engineers Ireland for membership. It would be appreciated if you would verify the qualifications claimed by completing and returning this form directly to the Registrar's Office, Engineers Ireland, 22 Clyde Road, Ballsbridge, Dublin 4, Ireland, or by fax to 00 353 1 665 1350, as soon as possible to avoid delay in processing the application.

I certify that the above information is correct

Name and position:	<input type="text"/>		
Signed:	<input type="text"/>	Date:	<input type="text"/>
Tel:	<input type="text"/>	Fax:	<input type="text"/>
		E-mail:	<input type="text"/>