



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 return completed application, evidence of study and fee to:

The Institution of Fire Engineers Canada Branch  
15-75 Bayly Street West, Suite #193 Ajax, ON L1S 7K7

PERSONAL DETAILS			
SURNAME			
FIRST NAME(S)			
TITLE		DATE OF BIRTH	
POST NOMINALS		GENDER	MALE / FEMALE
JOB TITLE IF APPLICABLE			
EMPLOYER IF APPLICABLE			
CORRESPONDENCE ADDRESS			
TOWN / CITY			
POSTAL CODE			
PROVINCE			
TELEPHONE			
CELL 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)			
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:			

**EMAILS – DATA PROTECTION – APPLICANT’S STATEMENT**

**EMAILS – DATA PROTECTION**

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If you do not want to receive mailings, please indicate your preferred option from the list below. The data recorded in this section will automatically override any previous information that the IFE has collected from you concerning data protection.

If you do not want to receive third party mailings, please mark this box

If you would prefer not to receive emails from the IFE, please mark this box

**APPLICANT’S STATEMENT**

I certify that all statements and answers given on this form and any attachments thereto are to the best of my knowledge true in substance and are made in good faith.

SIGNATURE OF APPLICANT

DATE

I enclose a cheque or money order in made payable to the Institution of Fire Engineers Canada Branch