**Student Membership Application Form**

PLEASE CLICK GREY AREA, KEY IN INFORMATION, PRINT AND SIGN

ALTERNATIVELY, PRINT OFF THE FORM, WRITE IN BLOCK CAPITALS USING BLACK INK AND SIGN

**APPLICANTS MUST BE FOLLOWING AN ONGOING PROGRAMME OF STUDY. EVIDENCE OF THE COURSE PROGRAMME MUST ACCOMPANY THIS APPLICATION. STUDENT MEMBERSHIP WILL BE VALID FOR UP TO FIVE YEARS AT WHICH POINT STUDENTS WILL BE REQUIRED TO UPGRADE THEIR MEMBERSHIP OR TRANSFER TO AFFILIATE STATUS**

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| **PERSONAL DETAILS** | | | | | | |
| SURNAME |  | | | | | |
| FIRST NAME(S) |  | | | | | |
| TITLE |  | | DATE OF BIRTH *dd/mm/yy* | |  | |
| POST NOMINALS |  | | GENDER *delete as applicable* | | | MALE / FEMALE |
| 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 | HAVE YOU EVER BEEN A MEMBER OF THE IFE?  YES  NO  IF YES, PLEASE COMPLETE THE FOLLOWING:  MEMBERSHIP NUMBER       GRADE | | | | | |

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| **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 (EG F/T, P/T, SANDWICH ETC) | |  | | |
| START DATE |  | | END DATE |  |
| PLEASE DETAIL BELOW TYPE OF EVIDENCE OF COURSE / STUDY PROGRAMME YOU HAVE ATTACHED TO THIS FORM WHICH REFLECTS THE CURRENT STUDY YEAR - FOR EXAMPLE LETTER FROM YOUR EDUCATION PROVIDER, LETTER FROM YOUR EMPLOYER, COPY OF ENROLMENT LETTER: | | | | |
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| **General Data Protection Regulation (GDPR)** | | | |
| The Institution of Fire Engineers (IFE) takes your privacy seriously and treats all personal information in accordance with EU/UK data protection legislation. When completing this form, the IFE requests the minimum information necessary to process your application. The information you provide in this application form will be used by the IFE and its representatives for administrative and membership purposes or as required by law.  Please view our Privacy Policy ([www.ife.org.uk/Privacy](http://www.ife.org.uk/Privacy)) for more information. | | | |
| **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. I confirm that I have read the relevant sections of the IFE’s Membership Rules for Titles and Grades available at <https://www.ife.org.uk/About-IFE-Membership> | | | |
| SIGNATURE OF APPLICANT |  | DATE |  |

**Please return completed application (by post or email), evidence of study and fee to:**

The Membership and Registration Department, The Institution of Fire Engineers, IFE House

64-66 Cygnet Court, Timothy’s Bridge Road

Stratford-upon-Avon CV37 9NW, United Kingdom

**For further information, visit** [**www.ife.org.uk**](http://www.ife.org.uk)

**Note you may now apply for student membership online if preferred**

**Tel: +44 (0)1789 261463**

**Fax: +44 (0)1789 296426**

**E-mail:** [**membership@ife.org.uk**](mailto:membership@ife.org.uk)

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| **METHOD OF PAYMENT** *(please mark one box)* **PLEASE DO NOT SEND CASH**  I enclose a cheque or banker’s draft in pounds sterling (GBP) made payable to the Institution of Fire Engineers  I authorise you to debit the card details below |

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| **PAYMENT BY CREDIT OR DEBIT CARD** *(Unfortunately we are unable to accept American Express*  Please complete the boxes within this section: |
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