

# Institute of Quarrying Membership Application Form

Surname (Mr, Dr etc)	<input type="text"/>	<table border="1"> <tr> <th colspan="2">FOR OFFICE USE ONLY</th> </tr> <tr> <td colspan="2">Membership number</td> </tr> <tr> <td colspan="2">Grade to:</td> </tr> <tr> <td colspan="2">Grade from:</td> </tr> <tr> <td colspan="2">Date elected:</td> </tr> <tr> <td colspan="2">Entrance fee:</td> </tr> <tr> <td colspan="2">Subscription:</td> </tr> <tr> <td colspan="2">Date paid:</td> </tr> </table>	FOR OFFICE USE ONLY		Membership number		Grade to:		Grade from:		Date elected:		Entrance fee:		Subscription:		Date paid:	
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Date paid:																		
Forename(s)	<input type="text"/>																	
Date of birth	<input type="text"/>																	
Nationality	<input type="text"/>																	
Present Address	<input type="text"/>																	
	<input type="text"/>																	
	<input type="text"/>																	
	<input type="text"/> Postcode																	
Home telephone number	Code <input type="text"/>																	
E-mail address	<input type="text"/>																	

## Present Employment

Name of employer	<input type="text"/>
Business address,	<input type="text"/>
	<input type="text"/>
	<input type="text"/> Postcode
Work telephone number	Code <input type="text"/>
Work fax number	Code <input type="text"/>
Job title	<input type="text"/>
Date appointed	<input type="text"/>
Please state nature of your duties, extent of responsibility and number of staff (if any) for whom you are responsible	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

## Education (past & present)

Dates		College or University	Examinations passed. Degrees, diplomas certificates or professional qualifications *
From	To		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\* Copies of certificates are necessary to support an application to enter a corporate grade.

## Experience in the Industry

Dates		Job Title	Name of Employer	Period in months	Initials of proposer/ seconder
From	To				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Applicant's Declaration

I hereby apply for election/transfer (please delete) to

 GRADE

The foregoing represents a full and accurate statement of my education and experience.

Signed

Date

## Experience in the Industry

Proposers and seconders should be in the appropriate grade of membership shown below. They are specially requested to initial those items in the 'Experience' section of which they have personal knowledge.

For FELLOW	two Fellows
For MEMBER	two Fellows or two Members or a combination thereof
For STUDENT	two corporate members
For ASSOCIATE	two corporate members

From personal knowledge of the applicant, and in consideration of the qualifications stated herein, we recommend the same as being in every respect a fit and proper person to be elected.

Signature of proposer

Membership category

Name (block letters)

Date

Signature of seconder

Membership category

Name (block letters)

Date

Name and address of two other persons to whom reference can be made if appropriate (not necessarily members of the Institute). Support from a responsible person in the applicant's place of employment is most desirable.

Name and address  
(block letters)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

When completed, please detach and send this form to:  
The Secretary, The Institute of Quarrying, 7 Regent Street, Nottingham NG1 5BS