

THE INSTITUTE OF FIRE SAFETY MANAGERS
Established 1993

IFSM Supports the CFPA Europe



APPLICATION FOR AFFILIATE ORGANISATION MEMBERSHIP

COMPANY DETAILS

Company Name:

Address - (including post code):

Telephone:

Fax:

E-mail:

Company Profile - (Please provide brief details of involvement in fire safety/fire engineering):

CONTACT DETAILS

Surname First names Title.....

Position Held

Post Nominals (Where applicable)

Contact Details:

Telephone: Fax:

E-mail:

I hereby confirm that the information provided on this application form is, to the best of my knowledge, true. I agree to abide by the Membership Rules of the Institute.

Signature:	Date:
------------	-------

METHOD OF PAYMENT

- CHEQUE: I enclose a cheque (payable to Institute of Fire Safety Managers) for £150 or:
- BACS: Bank details available from the Membership Secretary or:
- Please invoice our company to the address given above.

NOTE: Upon acceptance, approval will be granted for use of the 'Affiliate Organization Membership logo', for a twelve-month period. Use of the logo beyond this period is subject to renewal of membership and payment of the appropriate fees.

DATA PROTECTION ACT

Application details are stored on a Data Base for administration purposes, if you wish these to be available to other Fire Organizations please tick box

The Institute is registered under the Data Protection Act as both a data user and a computer bureau.

Please return completed form to:

The IFSM Membership Secretary
9 Ladythorne Drive
Prestwich
Manchester
M25 9RP

Tel: 07831 289877

Email: secretaryifsm@googlemail.com