

The Institute Of Fire Safety Managers

Established 1993

IFSM Supports the CFPA Europe



MEMBERSHIP APPLICATION

Name of Applicant:

Please return completed form to:

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

Tel. 07831 289877

Email: secretaryifsm@googlemail.com

MEMBERSHIP APPLICATION

GRADE APPLIED FOR:

1. Student
2. Technician (*TechIFSM*)
3. Associate (*AIFSM*)
4. Member (*MIFSM*)
5. Fellow (*This grade is by nomination only and is subject to full approval at an AGM*)

APPLICANTS DETAILS

SURNAME

FIRST NAMES

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.....

PERSONAL ADDRESS

.....

.....

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.....

.....

Tel.

Fax

Mobile

Email

APPLICANTS DETAILS

BUSINESS ADDRESS

.....
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.....
.....
.....

Tel

Fax

Mobile

Email

Details of Employment

Employer

Position/Title

Function/Role

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To assist the IFSM Council in considering the application and awarding the appropriate membership grade the applicant **MUST** enclose a **CV** with this application in addition to completing all sections of this form.

APPLICANTS DETAILS

PROFESSIONAL QUALIFICATIONS

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ACADEMIC QUALIFICATIONS

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ASSOCIATE & MEMBERS GRADE APPLICATION DETAILS

(Please note that a CV must be submitted in support of this application)

1 Application for admission as an ASSOCIATE MEMBER (AIFSM)

- CFPA Diploma attained: Year..... Reg. No.

2 Application for admission as a MEMBER (MIFSM)

- CFPA Advanced Diploma attained: Year..... Reg. No.....

OR:

I offer the following professional experience and/or qualifications for consideration:

NB: Membership may be granted to applicants with suitable and appropriate experience who hold other professional qualifications as determined relevant and set down by the Council. Following consideration by the IFSM Council the applicant will be notified of the grade awarded.

Please enclose evidence of qualifications – e.g. Copy of certificates, Membership card, CPD record etc. Failure to do so will almost certainly delay the process!

MEMBERSHIP APPLICATION

PROFESSIONAL REFERENCES (Name, address, telephone number and professional capacity in which they are known to you)

1 Name

Address

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.....

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Tel. No. Email address

Professional capacity in which they are known to you

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2 Name

Address

.....

.....

.....

Tel. No. Email address

Professional capacity in which they are known to you

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MEMBERSHIP APPLICATION

Endorsement be completed and signed by all applicants:

I enclose a cheque to cover:

Application fee (Currently £25).....

Annual membership subscription – 1 November – 31st October

(Currently £35 for full year, adjusted on a pro-rata basis to nearest full quarter).....

Curriculum Vitae.....

I hereby confirm that the information I have provided on this application form is correct at the time of signing this declaration.

Signature of applicant

.....

Date

.....

NOTE. Applicants should note that it is IFSM policy to complete the application process within a four-week period. Occasionally this time scale may be exceeded and, if this occurs, you are asked to contact the Membership Secretary for a progress report. Contact details can be found on the first page of this application form.

NOTE 2. Have you enclosed **all** relevant documents in support of your application?

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.

Official use:

Received

Acknowledged

Paid

Grade

Certificate (Number/date).....

MP (New Members pack and cover letter).....

DB (Entered on Database)