



INSTITUTE OF FIRE PREVENTION OFFICERS

incorporating the

INSTITUTE OF FIRE SAFETY OFFICERS

Please do not use any "signed for"
Postal services

Please reply to: IFPO House
43 Leadale Avenue
Chingford
London
E4 8AX
United Kingdom

APPLICATION FORM

I.....the undersigned do hereby apply to become a member of the Institute and subject to, and on behalf of my being elected as a member by the Council of the Institute, do agree to become such a member accordingly and to make all payments which become payable by me to the Institute during my membership, and RETURN THE CERTIFICATE ON CESSATION OF MEMBERSHIP. I authorise my name to be inserted in the list of members thereof and agree to the information contained within this application form being verified. I promise to promote the objects and interests of the Institute as far as shall be within my power and use my membership for no derogatory purpose.

Signed

Date

PLEASE SEND
1 PASSPORT
SIZE
PHOTOGRAPH
or SCANNED
COPY

PLEASE USE BLOCK CAPITAL LETTERS

Name in Full (Surname): (Forenames):

Date of Birth: Nationality:

Permanent Address:

Post Code:

Home Telephone No.: Mobile No.:

E-Mail Address:

Current Mailing Address (if different from above):

Post Code:

INSERT HERE THE NAME AS YOU WISH IT TO APPEAR ON YOUR CERTIFICATE

PLEASE PROVIDE COPIES OF CERTIFICATES AND A FULL CURRICULUM VITAE, WITH AS MUCH
DETAIL AS POSSIBLE TO ASSIST THE MEMBERSHIP COMMITTEE

Name of Employer:

Employer's Address:

Nature of Employer's Business: Telephone:

Designation of present occupation:

Person to whom directly responsible:

Nature of Fire Prevention and other duties:

Name and Addresses of Two Referees:

1.

.....

2.

.....

DECLARATION - I certify that the particulars in my application are correct and enclose the Application Fee and the Annual Subscription Fee due.

Signed: **Date:**

This application form should be returned to the Secretary of the I.F.P.O., together with the registration fee and the subscription due. Payment by cheque made payable to 'IFPO' or by bank transfer.

(The IFPO bank account details are - Sort Code 60 18 11 Account No. 45275068)

Application Fee - £15.00 plus

Subscription payable on application:	January to April	-	£60.00	<u>or</u>
	May to August	-	£40.00	<u>or</u>
	September to December	-	£20.00	

NOTE: The first year's subscription is based on the month of application. Thereafter the annual subscription of £60.00 shall be due on the 1st January each year.

FOR OFFICIAL USE ONLY

Date application received Acknowledgement sent

Grade approved by the Council Date

Membership Number Registration/Subscription received

Signed (Chairman of the Membership Committee)

Committee remarks (if any)