

For office use only

Reference

Membership Application Form

Membership level you are applying for:

Affiliate

Student*

Graduate*

* Please provide evidence of your Student/Graduate status (e.g. NUS Card/enrolment card/letter/transcript of results etc)

PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS

Personal Details

* Mandatory fields

Title Mr/Miss/Mrs/Dr *

Forename*

Surname*

(delete as appropriate)

Job Title

Main/Home Address*

Postcode*

Date of Birth

 / /

Telephone*

Mobile*

E-mail*

Work/Term Address

(if different from Main/Home Address)

Organisation/University/College

Postcode

Telephone

Mobile

E-mail

Preferred postal contact address

Main/Home

Work/Term

Background Information

How did you hear about the IEMA in the first instance?

- Advertisement/Leaflet
Please specify _____
- Conference/Exhibition
Please specify _____
- Training Course
Please specify _____
- Referral by a current member
- Word of mouth
- IEMA website/E-mail

Please indicate your occupational sector (tick one as the most applicable)

- | | |
|---|---|
| <input type="checkbox"/> A. Agriculture, forestry & fishing | <input type="checkbox"/> B. Mining & Quarrying |
| <input type="checkbox"/> C. Manufacturing | <input type="checkbox"/> D. Electricity, gas, steam and air conditioning supply |
| <input type="checkbox"/> E. Water supply, sewerage, waste & remediation | <input type="checkbox"/> F. Construction |
| <input type="checkbox"/> G. Wholesale and retail trade | <input type="checkbox"/> H. Transport and storage |
| <input type="checkbox"/> I. Accommodation and food services | <input type="checkbox"/> J. Information and Communication |
| <input type="checkbox"/> K. Financial and insurance services | <input type="checkbox"/> L. Real Estate services |
| <input type="checkbox"/> M. Professional, scientific and technical services | <input type="checkbox"/> N. Administrative and support services |
| <input type="checkbox"/> O. Public administration and defence | <input type="checkbox"/> P. Education |
| <input type="checkbox"/> Q. Human health and Social Work services | <input type="checkbox"/> R. Arts, Entertainment and Recreation |
| <input type="checkbox"/> S. Other services | <input type="checkbox"/> T. Activities of households as employer |
| <input type="checkbox"/> U. Activities of extraterritorial organisations | |

Please indicate your areas of responsibility or interest (tick as many as are applicable)

- | | |
|---|--|
| <input type="checkbox"/> Environmental Management Systems (EMS) | <input type="checkbox"/> Environmental Management |
| <input type="checkbox"/> Environmental Impact Assessment (EIA) | <input type="checkbox"/> Integrated Management |
| <input type="checkbox"/> Strategic Environmental Assessment (SEA) | <input type="checkbox"/> Auditing/Verification/Assurance |
| <input type="checkbox"/> Sustainability/CSR | <input type="checkbox"/> Contaminated Land Change |
| <input type="checkbox"/> Waste | <input type="checkbox"/> Environmental Law/Legislation |
| <input type="checkbox"/> Energy | <input type="checkbox"/> Pollution Control |
| <input type="checkbox"/> Risk Assessment | <input type="checkbox"/> Climate Change |
| <input type="checkbox"/> Environmental Training | <input type="checkbox"/> Acoustics/Noise/Vibration |
| <input type="checkbox"/> Air Quality | <input type="checkbox"/> Ecology/Biodiversity/Wildlife |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Land Use/Planning |
| <input type="checkbox"/> Recycling | <input type="checkbox"/> Research |
| <input type="checkbox"/> Transport | <input type="checkbox"/> Water |
| <input type="checkbox"/> Other (please specify) _____ | |

Equal Opportunities

Please help us to monitor our membership and deliver the best possible service to you.

The details on this form will be logged anonymously and will be treated in the strictest confidence.

Gender

- Male Female

Age

- Under 21 21 - 24 24 - 34 35 - 44
 45 - 54 55 - 64 65 - 74 Over 75

Are you registered disabled?

- Yes No

Ethnic Origin

Please indicate how you would prefer to describe your ethnic origin by ticking the most relevant category.

White

- British
 Other

Mixed

- White and Black Caribbean
 White and Black African
 White and Asian
 Other

Asian and Asian British

- Indian
 Pakistani
 Bangladeshi
 Other

Black and Black British

- Caribbean
 African
 Other

Chinese

- Chinese
 Other

By completing this form I understand that I give my consent under the Data Protection Act 1998 for the information contained in this form to be processed in accordance with the IEMA policy for the purposes of equal opportunities monitoring.

Payment Details

Visit www.iema.net/membership for up-to-date membership subscription fees.

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Membership number

PLEASE COMPLETE THIS SECTION USING BLOCK CAPITALS

Credit/Debit Card

Please charge to my credit/debit card for my Affiliate / Student / Graduate membership
(delete as applicable)

Visa Credit/Debit Mastercard Delta Solo Maestro

Card number

Start date Expiry date Issue number

Security number* (last three digits located near the signature strip on the back of the card)

Cardholder's name (please write this exactly as it appears on the card)

Cardholder/Billing Address

Postcode

Cheque

I enclose a cheque for made payable to the IEMA for my Affiliate / Student / Graduate membership (delete as applicable)

Data Protection Policy

By signing this application form you accept that all or part of the information provided on this form may be used and processed by the IEMA for membership administration, fulfilling the aims of the IEMA and compliance with the IEMA's statutory obligations. Such use will be in accordance with the provisions of the Data Protection Act 1998.

Signature

Date

Please return this form to:

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70 Newport
Lincoln
LN1 3DP
UK
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