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Institute of
Explosives
Engineers

VOICE OF THE EXPLOSIVES INDUSTRIES

APPLICATION TO BECOME A "COMPANY MEMBER"

Name of Company:	
Business Structure: (Limited/Partnership/Sole Trader)	
Address:	Tel:
	Fax:
	Email:
	Web Site:
Postcode:	
Nature of Business Activities:	
Date of Formation of Business:	
Details of Activities Involving the Use of Explosives Recently Undertaken by the Company:	
EMPLOYMENT OF INSTITUTE MEMBERS OR ASSOCIATES: Please give the names of institute members or associates employed or engaged in any other contractual capacity by your company, stating the nature of the appointments held by them:	

PLEASE GIVE BELOW DETAILS OF TWO SENIOR PERSONNEL RESPONSIBLE FOR THE USE OF EXPLOSIVES:

(SENIOR PERSONNEL NO. 1)

Name:

Job Title:

Academic or Professional Qualifications:

Formal/Informal Training (Inc. Dates):

Work Experience (Inc. Dates):

Period in which continuous actual use of explosives was carried out:

Types and Makes of Explosives Used:

(SENIOR PERSONNEL NO. 2)

Name:

Job Title:

Academic or Professional Qualifications:

Formal/Informal Training (Inc. Dates):

Work Experience (Inc. Dates):

Period in which continuous actual use of explosives was carried out:

Types and Makes of Explosives Used:

P R O P O S E R

***I / We being a *Present Council Member / Present Company Member of the Institute, recommend the above named Company for admission as a Company Member of the Institute of Explosives Engineers**

Proposer:
(Name - Block Capitals)

Address:
.....
.....

Signature: **Dated:**

S E C O N D E R

***I / We being a *Present Council Member / Present Company Member of the Institute, recommend the above named Company for admission as a Company Member of the Institute of Explosives Engineers**

Secunder:
(Name - Block Capitals)

Address:
.....
.....

Signature: **Dated:**

** Please delete as applicable*

We hereby apply for admission as a Company Member of the Institute and undertake, if elected, to observe the conditions of membership prescribed by the Council from time to time.

We enclose our non returnable remittance of £..... payable to the "Institute of Explosives Engineers" in payment of our Application Fee (£60.00).

We understand that our first subscription payment will be due (pro rata), when we receive notification of acceptance from you.

NAME:
(Block Capitals)

SIGNATURE: **DATE:**

POSITION HELD IN COMPANY: