

TECHNICIAN MEMBERSHIP APPLICATION FORM

Surname		Forenames	
Home Address		Title	Mr / Mrs / Miss / Dr / Prof / Ms
	Post code	Date of Birth	
Work Address	Company Address Post Code	Email	
		Tel no	
		Fax no	

Would you like correspondence sent to home or work address? (please tick)

Please include details of a Referee who has direct knowledge of your position and responsibilities at work. If possible a second Referee should also be included. Ideally one or both of these should be members of the Institute. Students' applications may be proposed by a college tutor or Head of Department. The Institute will make contact with the Referee named below to ask for a brief reference. See Note 1.

1st Reference

2nd Reference (optional)

Name

Email Address

Are you a member of the Institute?

Years known

Signature

Name

Email Address

Are you a member of the Institute?

Years known

Signature

I hereby apply to join the Institute of Refrigeration for Technician membership and understand that the grade of membership will be decided by the Council. In the event of my election I agree to conform to the By-laws of the Institute and to pay the annual subscription. I certify that the statements made by me on this form are true.

Signature

Date

For office use only
 Grade s / aff / am / m / t,m
 Membership no
 Date

EXPERIENCE (APPLICATIONS MUST INCLUDE FULL DETAILS)

Name

A minimum of 3 years in a technician role is required

Name of employer and principal activity of business (see note 2)	No. of staff	Job title or details of position held	Precise levels of responsibility in areas <i>related to refrigeration</i> and number of staff supervised.(see note 3)	Dates employed	Length of employment
Current:					

Where did you hear about the Institute?

- Recommendation by a tutor Internet Publications Attended IOR event

What has prompted you to join now?

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Training and Qualifications

Please indicate which F Gas Qualification is held and enclose copy certificate

C&G2079 category I or CITB/Cskills J11

Name of Institute making the award

Date awarded

Other qualifications held (see Note 4)

Main subjects studied

Membership of other Organisations (eg Engineering Council)

Name of Organisation

Grade of Membership

Dates attended/awarded

Other Relevant Information to be taken into account

Direct Debit Mandate (UK residents)

Name and address of your Bank or Building Society



To The Manager _____
 _____ Bank or Building Society
 Address _____
 _____ Postcode _____

Name (s) of account holders

Branch Sort Code

--	--	--	--	--	--	--	--

Account number

--	--	--	--	--	--	--	--	--	--	--	--

Signature

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IoR membership number
(to be completed by the office)

--	--	--	--

Date

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Originators Identification Number 906097

Please pay the Institute of Refrigeration Direct Debits from the account detailed on this Instruction subject to the safeguards assured by the Direct Debit Guarantee. (NB some Banks and Building Societies may not accept Direct Debit Instructions for some types of account)

Notes for completion of the Application Form

These notes provide guidance for applying for Technician membership of the Institute of Refrigeration. Please complete the application form as fully as possible, ensuring that you state clearly your **experience in refrigeration** which must be for a minimum of three years. Progression within different roles in one organisation should be detailed.

Your completed form will be assessed by the Membership Committee according to the Membership Criteria accompanying this form.

The membership fee for your first year is £49 and in addition a one-off joining fee of £20 to cover the costs of processing your application is charged. your first year's membership fee and joining fee will be debited from the account shown in the Direct Debit mandate if your application is accepted by the Membership Committee. Overseas members will be sent an invoice for the appropriate amount. The membership year runs from 1st April to 31st March and your membership will become due for renewal on 1st April each year. The fee will be deducted annually using the Direct Debit attached until you instruct us otherwise.

Note 1

If you do not have a Reference (eg you are self employed) please ask someone familiar with your work, such as a supervisor or client to act as a referee.

Note 2

Principal activities of the organisation in which you work should be clearly stated eg Refrigeration and Air Conditioning Contractor, Manufacturer of Refrigeration Equipment or Products, Wholesaler, Distributor, Cold Store operator, End User of Refrigeration.

Note 3

The degree of responsibility of your position should be stated in terms of nature and range of work carried out, levels of personal responsibility within that role, supervisory authority over other staff, reporting lines and job title.

Note 4

Please enclose or send to the IOR photocopies of relevant Certificates. Applications cannot be accepted unless evidence of your F Gas Qualification is provided. If your qualifications were obtained overseas please state UK equivalent qualification.

If you have any queries please contact the Membership Secretary, Oxana Sparshott at oxana@ior.org.uk

**Please return your completed form to
The Institute of Refrigeration
Kelvin House
76 Mill Lane
Carshalton
Surrey SM5 2JR.**