FORM OF APPLICATION FOR MEMBERSHIP OR

TRANSFER OF CLASS OF MEMBERSHIP

<u>No.</u>	No.	
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THE INSTITUTION OF ENGINEERS OF KENYA

(FOUNDED 1945 AS THE EAST AFRICAN ASSOCIATION OF ENGINEERS)
P.O. BOX 41346, NAIROBI

Names in full
Address for Communications
TelephoneE-mail
(born on the years of age), being desirous of admission into THE INSTITUTION OF ENGINEERS OF KENYA in the class of
We, the undersigned, propose him, from personal knowledge, as a person in every way worthy of that distinction.
Signed Membership
Name in Block Letters
Address
Signed Membership
Name in Block letters
Address
The PROPOSERS are requested to initial those particulars of the Candidate's qualifications (on pages 2 and 3) of which they have personal knowledge. They may be invited to submit confidential reports to the Honorary Secretary of the Council.
OBLIGATION AND CERTIFICATE (To be completed by the Candidate before the form is submitted)
I, the undersigned, agree that, in the event of my admission to membership in any class in THE INSTITUTION OF ENGINEERS OF KENYA, I will be governed by the Constitution and By-laws of the Institution, as they now are, or as they may hereafter be altered; and that I will advance the objects of the institution as far as shall be in my power; provided that whenever I shall signify in writing to the Honorary Secretary that I am desirous of withdrawing from the Institution I shall, after the payment of any arrears which may be due by me at that period, be free from this obligation.
I certify that the statements on pages 1, 2 and 3 of this form are correct.
I am of
DateSignature of Candidate
Present Class of Membership (If applicable)

Form 1-Revised Mar 2010.

STATEMENT OF QUALIFICATIONS

STATEMENT OF QUALIFICATIONS				
rom (Month and Year)	To (Month and Year)	GENERAL EDUCATION (State School, College or University)	Initials of Proposers and Supporters	
From (Month and Year)	To (Month and Year)	ENGINEERING EDUCATION (State School, College or University. Course of Study) taken and whether full day or part-time evening Courses}		
From (Month and Year)	To (Month and Year)	PRACTICAL TRAINING (PUPILAGE, APPRENTICESHIP OR OTHER PRACTICAL TRAINING)		
		(State names of Engineers or Firms, and Town)		
MONTH AND YEAR OBTAINED	DEGREES, DIPLOMAS, MEMBERSHIP OF PROFESSIONAL INSTITUTIONS, ETC. (Give full details of Degrees (e.g. B.Sc., BSc(Eng); etc) and name of Univesity*		This section should not be initialed unless the signatories are entirely satisfied with the correctness of Statement(s)	
	* Candidate must sapplication	submit documentary evidence of the qualification concerned with his		

SPECIAL NOTE

THE INSTITUTION OF ENGINEERS OF KENYA is frequently requested by Government and similar bodies to advise on engineering matters. The details of experience of page 3 are of great value in selecting members to give such assistance.

FOR OFFICE USE

EXPERIENCE SUBSEQUENT TO TRAINING

(The particulars should cover the whole of the period)

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(Mon	nth and Year)	(Month and Year)		Initials of Proposers and Seconders
			. Position held	
In the employ of			of (Town)	
Concise description	า o f work of Candidate			
	nth and Year)	(Month and Year)	. Position held	
			of (Town)	
	n or work or Candidate			
(Mon	oth and Year)	(Month and Year)	. Position held	
			of (Town)	
(Mon	oth and Year)	(Month and Year)	. Position held	
· · ·			of (Town)	
Concise descriptio	n of work of Candidate			
	nth and Year)	(Month and Year)	5	
			. Position held	
			of (Town)	
Concise descriptio	n of work of Candidate			
	nth and Year)(Month and			
			. Position held	
, ,			of (Town)	
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(If the space above is insufficient, please use separate sheet of paper)

Note: Applicants for election as Fellow or Member are also required to complete Form CM..

FOR OFFICIAL USE ONLY					
RECEIVED BY SECRETARY ON	SUBMITTED TO MEMBERSHIP COM	MITTEE ON			
PASSED BY COMMITTEE ON	RECOMMENDED FOR CLASS OF				
PASSED BY COUNCIL ON	CANDIDATE NOTIFIED ON				