

Proposer (Proposer to complete below)

Full Name (Capitals):

Post Nominal Letters:

Address:

Email address:

Tel (daytime):

Signature:

Date:

Secunder (Secunder to complete below)

Full Name (Capitals):

Post Nominal Letters:

Address:

Email address:

Tel (daytime):

Signature:

Date:

Declaration – Applicant:

I confirm that the contents of this application form and any continuation sheets / attachments are true and valid and represent my own effort. I confirm that should I be accepted for the grade of membership applied for, I will uphold the values of the Institution of Lighting Engineers and confirm that I have read and will conform to the ILP Code of Professional Conduct.

Signed:

Date:

Declaration Form – Proposer

Applicant's Name: Membership No.

Important declaration by the Proposer

Proposers should understand their responsibility in advising the applicant whether to apply for the grade of membership requested. Proposers must ensure that the applicant is fully aware that only those who have fully demonstrated the requirements of membership of the ILP will be accepted. Proposers will be required to complete this form, based upon personal knowledge of the candidate. Until the Proposers return these forms, the application will NOT be processed.

My personal knowledge of the applicant's engineering work extends from..... (year) to(year).

I am in / not in* regular contact with the applicant. (If not in regular contact, when was the last time you were in regular contact?(date))

My association with the applicant is that of:

Employer	<input type="checkbox"/>	Colleague	<input type="checkbox"/>
Client	<input type="checkbox"/>	Other	<input type="checkbox"/>

(Please describe / expand below):

The applicant is currently employed in a responsible post involved in lighting and has been for _____ years

I know the applicant personally. I have scrutinised the applicant's submission, initialled the parts which I have verified personally, and believe that he / she is a fit & proper person for admission / transfer to the requested membership of the Institution and has the qualifications that satisfy the requirements of the Byelaws.

Proposer's Name:

Proposer's Signature: _____

Position Held: _____ Organisation: _____

Tel No. _____ Email: _____

Date: _____

Declaration Form – Seconder

Applicant's
Name:

Membership
No.

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Name:

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Date: _____