



## Application for Collaboration and Affiliation

Please complete this form in block capitals

1. CONTACT SURNAME ..... TITLE.....(Mr/Mrs/Ms/Dr)

2. FORENAME(S) .....

3. DESIGNATORY LETTERS.....

ADDRESS FOR CORRESPONDENCE; PRIVATE / ORGANISATION (DELETE AS APPROPRIATE)

4. PRIVATE ADDRESS 5. ORGANISATION/BODY NAME AND ADDRESS

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6. TEL. NO. .... 7. TEL. NO. ....

8. EMAIL ..... 9. EMAIL.....

10. ORGANISATION/BODY DESCRIPTION 11. WEBSITE.....

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PLEASE ATTACH / ENCLOSE YOUR LOGO

**APPLICANT'S DECLARATION:** I, the undersigned, apply to be a collaborating/affiliated body (delete as appropriate) of the Society of Professional Engineers Ltd and I certify that the particulars and information on this form are accurate. If accepted I agree to be bound by the Memorandum and Articles of Association and By-laws of the Society of Professional Engineers Ltd, as they now exist or as they may from time to time hereafter be altered and agree for the information provided to be used within the Society's documentation, publications and website.

Signature Position Date  
Name:

For official Use Only	Received Referred to Admission Committee Admitted / Rejected Registration No.
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