



Affiliate Membership Application Form

Name & Address Details

First Names:						Surname:					
Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>					Date of Birth:					
Home Address						Work Address (incl. Department)					
Postcode:						Postcode:					
Telephone:						Telephone:					
E-mail:						E-mail:					
Mail should be sent to:	<input type="checkbox"/> Home Address					<input type="checkbox"/> Work Address					

Current Employment

Name of Employer						
Job Title:						
Grade:						
Start Date						

Qualifications

	Certificate or Diploma	First Degree	Higher Degree
Institution:			
Qualification:			
Subject(s):			
End Date:			

Payment * for subscription fees see overleaf *

Debit/Credit Card Number																			
Name of Cardholder												Switch issue no							
	Valid from date	/					Expiry Date	/											
Additional details required*	Security code		House number		Postcode														
Address of Cardholder																			
Signature of Cardholder																			

*For security reasons, we now require your 3 digit security number together with the house number and postcode where the card is registered.

IOP members working in areas of Physics other than Medical Physics

The Science Council's Registration Authority has agreed that IOP members who are not qualified for MIPEM, because they are not applying physics to medicine or biology, can transfer their CSci registration to IPEM provided they join IPEM in the Affiliate category of membership. IPEM Affiliate is a low-cost membership for those interested in IPEM as a source of information and services, but who are not working in applications of physics or engineering to medicine or biology. The same dual-membership-scheme discounts available to other membership categories also apply to Affiliates.

If you are applying for Affiliate membership and would like to transfer your CSci registration, please attach your current CSci registration certificate. A new certificate will be issued by IPEM.

Professional Registrations (if applicable)

Institution:	Registration:	Number:	Issue Date:

Applicant's Undertaking

I wish to apply for Affiliate membership Institute of Physics and Engineering in Medicine and declare that the information I have given in this application is, to the best of my knowledge, accurate and true. I agree to be governed by the Rules of the IPEM, including its Code of Professional Conduct, and accept that any breaches of the Rules or the Code of Professional Conduct will be dealt with under the IPEM's Disciplinary Procedure.

(Delete if not applicable) I would like to transfer my CSci registration from IOP and confirm that I do **not** work in applications of physics to medicine or biology.

Date:

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(Signature of Applicant)

* The annual Membership Subscriptions for Affiliate Membership are:

(you must tick one box)

£27 (UK)

£35 (Non UK)

Your credit card authorisation will not be activated until your application has been accepted by the Membership Registrar. In future you will be given the option to pay by direct debit.

For office use only:	Date received:	Acknowledged:	Reference No:
List Number:	Qualifications:	Decision:	Notification

Please send your completed form to:

Membership Registrar, IPEM, Fairmount House, 230 Tadcaster Road, YORK YO24 1ES

Do not write on this space

Payment card details (overleaf) will be removed from this form and destroyed after payment has been confirmed.