

Election as a Member

ICS

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THIS FORM MUST BE SENT TO YOUR LOCAL BRANCH SECRETARY. IF YOU HAVE NO LOCAL BRANCH, SEND THE FORM IN BY EMAIL TO membership@ics.org.uk COMPLETE AND ALL IN ONE DOCUMENT PLEASE DO NOT SEND ANY MONEY WITH THIS FORM

Please ensure that you include your student/reference number

TO THE CONTROLLING COUNCIL

I wish to apply for election as a Member of the Institute of Chartered Shipbrokers, having completed and passed the Qualifying Examinations in the following year(s):

(If you intend to seek election via dissertation, do NOT use this form - ask for form D/E)

(Meetings of the Council to consider applications for election normally take place in January, March, May, September and October. Applications received at the appropriate Institute office after 14 days before a meeting may not be considered by the Council until the following meeting)

PLEASE COMPLETE THE FOLLOWING IN BLOCK CAPITALS

Mr Mrs Ms. Capt

Surname (family):

Given Name:

Job Title:

Company:

Home Address:

Postcode:

Business Address:

Postcode:

Email 1:

Email 2:

Telephone:

Please indicate the address you would like us to send correspondence to:- Home: Business:

Age:

Date of Birth DD/MM/YYYY

Nationality

I undertake to observe the Bye-Laws of the Institute in force from time to time.

Signed

Date

This form is not valid unless signed.

Promoting professionalism in the shipping industry worldwide

The Institute of Chartered Shipbrokers

Work Experience

Please give names of all companies by whom you have been employed with dates, including month and year, of employment, the nature of business of each company and your position(s) in them. (Continue on a separate sheet if necessary.) Time served at sea should be shown with the dates and ranks achieved.

All applicants for election to Membership must obtain the signatures of two Fellows of the Institute in support of their application.

I confirm that this candidate has been known to me for years and is a fit and proper person to become a Member of the Institute.

Proposed by FICS
Signed Please repeat name in block letters

I confirm that this candidate has been known to me for years and is a fit and proper person to become a Member of the Institute.

Seconded by FICS
Signed Please repeat name in block letters

(NB If the applicant has difficulty in completing the above, please contact the Institute of Chartered Shipbrokers)

FOR OFFICIAL USE ONLY

Branch Vetting Committee

Branch
Date

Recommendation by Institute Vetting Committee

Date

Accepted by Controlling Council

Date
Into Computer