

MEMBERSHIP APPLICATION FORM

(also to be used by applicants for Interim CEng & IEng registration)



- This form should be used by **all** applicants for **membership**, including existing members wishing to upgrade
- This form should be used if you also wish to apply for **Interim CEng or IEng registration**
- Do **NOT** use this form if you wish to apply for **Final CEng, IEng or EngTech registration**. Visit the website for the appropriate application form: <http://aerosociety.com/Professional-Recognition/Registration/stepbystep-guide>
- Complete the form electronically **in black** and print for signing.
- Print the documents on one side only of A4 paper. Do not staple or bind the documents.
- Attach copies of **academic or professional** qualification certificates.

1. APPLICATION

Please tick the grade of membership you wish to apply for:							<input type="checkbox"/> ARAeS	<input type="checkbox"/> AMRAeS	<input type="checkbox"/> MRAeS	<input type="checkbox"/> FRAeS	<input type="checkbox"/> CRAeS	
							<input type="checkbox"/> Affiliate					
I hold the academic qualifications for registration and wish to apply for:							<input type="checkbox"/> Interim CEng		<input type="checkbox"/> Interim IEng			
Existing membership number and grade (if applicable):												Grade:
Existing EngC registration and Institute through which you are registered (if applicable):												

2. APPLICANT DETAILS

TITLE (and rank, if applicable):			FIRST NAME(S):			
SURNAME (FAMILY NAME):					DATE OF BIRTH:	
Designations (letters after your name, e.g. BSc, MEng, OBE):					Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Job title:			Company grade (if applicable):			
Home address:						
Tick if preferred address for correspondence <input type="checkbox"/>			Post/zip code:		Country:	
Home email address:			Home telephone no:			

3. EMPLOYER DETAILS (if applicable)

Employer Name:			
Employer address:			
Tick if preferred address for correspondence <input type="checkbox"/>		Post/zip code:	Country:
Work email address:		Work telephone no:	
		Mobile telephone no:	
Membership No		Grade	Route
FOR OFFICE		USE	ONLY

4. QUALIFICATIONS

Visit www.aerosociety.com/membership for information on the range of exemplifying qualifications and necessary experience required for each grade of membership.

Please list all relevant post school qualifications (i.e. courses of 6 months duration or longer). Attach copies of **academic or professional** qualification certificates and transcripts. Please provide translations in English, where appropriate.

Start Date	End Date	Course/Qualification Title	Educational Establishment	Classification	FT/PT/SW/Distance Learning

5. PROFESSIONAL PUBLICATIONS, PAPERS PRESENTED, ETC (if applicable) If applying to upgrade to Fellow please indicate achievements since obtaining current grade of membership

Date	Title

6. ORGANISATION CHART (please append, if necessary)

7. RELEVANT CAREER HISTORY (please append a full CV detailing all relevant roles and responsibilities. If applying to upgrade to your membership, please clearly indicate your achievements since obtaining membership)

8. PROFESSIONAL REFEREES

All applications require two referees known to you in a professional capacity (e.g. a member of the Society or a line manager), with the exception of Fellowship applications where referees are required to be Fellows of the Society (or hold a similar level of membership in another professional body). The Society reserves the right to contact referees about any statement in the application

	Referee 1	Referee 2
Referee name:		
Job title and employer:		
Address and email address:		
Numbers of years known to you:		
Grade of membership and professional body to which s/he belongs:		
Capacity in which you know the referee:		
Sponsors for Fellowship should provide their Fellowship number:	FRAeS No:	FRAeS No:

9. APPLICANT'S DECLARATION

I certify that the information contained in this form and any accompanying documentation is correct. I agree that in the event of my election to any class of membership of the Society, I will be bound by the Society's Charter, By-Laws and Codes of Professional and Member Conduct and will further the objectives of the Society as far as shall be within my power during such time as I remain a member. I accept the Society reserves the right to expel me if any of the information in this form and any accompanying documentation are found to be falsified.

Applicant's Signature:	
Print name:	Date:

What happens after the Society receives your application:

- An email confirming receipt of your application will be sent. Additional information may be requested, if necessary.
- Applications for membership and registration are considered by committee every two months.
- Where the committee approves the grade of membership applied for and/or Interim registration, a confirmation email is sent within two weeks of the committee meeting with notification of the annual. The certificate of election is sent to applicants and the names of elected members are published in the Society's magazine. Interim Registrants will be contacted by the Engineering Council direct with their registration number.
- Applicants not approved for the grade requested will be provided with feedback by email.
- For further advice, please contact us via www.raes.org.nz

<p>Print and sign this form and send to:</p> <p>Royal Aeronautical Society NZ Division Attn: Membership Officer PO Box 435 Waikanae 5250 New Zealand</p>	<p>OPTIONAL: to assist us in improving our service, please indicate what has prompted you to apply:</p> <p>Encouraged by employer <input type="checkbox"/></p> <p>RAeS Event <input type="checkbox"/></p> <p>External event <input type="checkbox"/></p> <p>Direct mail <input type="checkbox"/></p> <p>Advert <input type="checkbox"/></p> <p>Personal recommendation by <input type="checkbox"/></p> <p>Other: <input type="checkbox"/></p> <p>Campaign code, if available <input type="checkbox"/></p>
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