

Application for Affiliate Membership

I, (*name*) _____

of (*address*) _____

Hereby make application for election to Affiliate Membership of the Irish Planning Institute.

Date of Birth: _____ Place of Birth: _____

Current Employment or Place of Study:

Organisation:

Address:

Position or Year of Study: _____

Address for correspondence:

E-mail address: _____

Contact Phone Number(s): _____

Education

Please give details of all 3rd level education whether completed or currently being pursued. You should submit with your application documentary evidence of any planning qualification claimed.

1. Undergraduate

Institution: _____

Address of Institution: _____

Department: _____

Course pursued: _____

Part time/ Full time: _____

Dates of attendance: _____

Degree/Diploma: _____

2. Postgraduate

Institution: _____

Address of Institution: _____

Department: _____

Course pursued: _____

Part time/ Full time: _____

Dates of attendance: _____

Degree/Diploma: _____

Professional Institutions

Please state membership of any professional institution and date of election to that class of membership.

Experience

Please set out in detail your professional experience regarding professional planning and related work. **In addition, please state the areas where you have made a special contribution to planning in Ireland as is required in this class of membership.** The Institute may require further supplementary submissions where these would facilitate full consideration of a candidate's application. In case of each position held, please state:

1. Organisation in which you were employed
2. Position held
3. Dates of commencement and termination
4. Kinds of work in which you were engaged
5. The time spent on each kind of work
6. Your personal contribution to, and your level of responsibility in, such work
7. Publications.

Complete or attach sheet

Undertaking

I, the undersigned, do hereby undertake that, in the event of my election to Affiliate Membership of the Irish Planning Institute, I will be governed by the Constitution, Articles, Regulations and Byelaws of the Institute, and that I will promote the objectives of the Institute insofar as I am able.

Signature: _____

Date: _____

Nomination

We, the undersigned, hereby recommend the candidate to the Council knowing him/her to be in every respect a proper person for election to Affiliate Membership of the Irish Planning Institute.

Proposer's name (block capitals)

Signature: _____ Date: _____

Secunder's name (block capitals)

Signature: _____ Date: _____

The proposer and secunder must be current corporate or fellow members of the Irish Planning Institute. They are asked to initial those parts of the candidate's statement of experience of which they have knowledge.

Checklist

- Copy qualification certificates
- Proposer/Secunder names & signatures
- Completed educational/professional experience

*fee not required at initial application stage. Upon successful election a subscription fee invoice will be issued. Services and inclusion on Members database **will not commence** until this is paid