



· INSTITUTE · OF · HISTORIC ·
BUILDING · CONSERVATION

FULL MEMBERSHIP APPLICATION FORM

PLEASE READ THE GUIDELINES FOR APPLICANTS CAREFULLY BEFORE FILLING IN THIS FORM

To : The Membership Secretary, Institute of Historic Building Conservation

DECLARATION (IN BLOCK LETTERS)

I, (Mr / Mrs / Miss / Ms /)/ (Delete/add as necessary)

(Forename/s in full) (Surname)

wish to be accepted as a Full member of the Institute of Historic Building Conservation and agree that, if elected, I will abide by the Institute's Code of Conduct and pay my annual subscription by 1 May each year.

I am years of age and my date of birth was.....

I attach a cheque in the sum of £20 to cover the application fee

I attach a completed direct debit form for subscription payments.

I certify that the information contained on this application form is true and correct.

Signature Date

HOME DETAILS

Full Address
.....
.....

Post Town County

Post Code

Full STD Telephone Number

Full STD Fax Number

Full Mobile Telephone Number

Home Email Address

Home Web Address.....



· INSTITUTE · OF · HISTORIC ·
BUILDING · CONSERVATION

FULL MEMBERSHIP APPLICATION FORM

EMPLOYMENT DETAILS (where applicable)

Official Job Title

Name of Employer

Section

Department

Address.....

Post Town

County Postcode

Full Telephone Number Ext

Full Fax Number

Full Mobile Telephone Number

Work Email Address

Full Work Web Address.....

EDUCATIONAL QUALIFICATIONS

Give details of all university, college and further education qualifications. Give full title of qualification (**together with normal designatory letters**) e.g. - Diploma in Architecture (DipArch(Birm))

| Title of Qualification (Including Designatory Letters) | Granting Body | (Full or (Part Time) | Date Qualification Granted |
|--|---------------|----------------------------|----------------------------------|
| | | | |



• INSTITUTE • OF • HISTORIC •
BUILDING • CONSERVATION

FULL MEMBERSHIP APPLICATION FORM

CURRENT MEMBERSHIP OF OTHER PROFESSIONAL BODIES

Give full title of professional qualification (**together with normal abbreviation**) e.g. - Member of the Royal Institute of British Architects (RIBA); Urban Design Group (UDG)

| Name of professional body | Title and Abbreviation of Professional Qualification | Date of Election |
|---------------------------|--|------------------|
| | | |

RELEVANT EMPLOYMENT HISTORY

| Name of Employer | Job Description and Duties | Dates |
|------------------|----------------------------|-------|
|------------------|----------------------------|-------|



• INSTITUTE • OF • HISTORIC •
BUILDING • CONSERVATION

FULL MEMBERSHIP APPLICATION FORM

| | | |
|--|--|--|
| | | |
|--|--|--|



· INSTITUTE · OF · HISTORIC ·
BUILDING · CONSERVATION

FULL MEMBERSHIP APPLICATION FORM

TESTIMONIAL

Please provide a statement of experience, under the headings below, directly related to the Areas of Competence approved by Council (see the Eligibility for Membership section in the Information for Applicants and the Areas of Competence document). Continue on a separate page if necessary.

Philosophy

Legislation/Policy

Technology



· INSTITUTE · OF · HISTORIC ·
BUILDING · CONSERVATION

FULL MEMBERSHIP APPLICATION FORM



· INSTITUTE · OF · HISTORIC ·
BUILDING · CONSERVATION

FULL MEMBERSHIP APPLICATION FORM

History

Finance/Economics

Research/Recording/Analysis



FULL MEMBERSHIP APPLICATION FORM

Design/Presentation

Practice

Any Other Relevant Comments



• INSTITUTE • OF • HISTORIC •
BUILDING • CONSERVATION

FULL MEMBERSHIP APPLICATION FORM



· INSTITUTE · OF · HISTORIC ·
BUILDING · CONSERVATION

FULL MEMBERSHIP APPLICATION FORM

POSTING AND BRANCH PREFERENCES

1. Do you wish post to be sent to your home or work address ? (circle choice) **Home / Work**

2. You have the choice of receiving :-

- A** - Context, Job Adverts and Other Information
- B** - Context and Job Adverts only
- C** - Context and Other Information (excluding Job Adverts)
- D** - Context only

Please indicate your preference (circle **one** choice only)

Title Please write below how you would prefer your name to be written in correspondence

(e.g. John Smith or Mr John H Smith).....

Branch The Branch you are placed in is normally determined by your home or work address. Sometimes, it is preferred that the region should be different to both of these (eg English Heritage Inspectors whose work region is different to both home and office addresses).

Please indicate your branch preference (circle **one** choice only)

East Anglia / East Midlands / London / North / Northern Ireland / North West / Republic of Ireland / Scotland / South / South East / South West / Wales / West Midlands / Yorkshire / Home / Work

| FOR IHBC USE ONLY | | | |
|----------------------------|--------------------------|---------------------|--------------------------|
| Branch Receipt | <input type="checkbox"/> | Branch Check | <input type="checkbox"/> |
| Branch Comments | | | |
| Membership Receipt | <input type="checkbox"/> | Amount Received | <input type="checkbox"/> |
| CHQ | <input type="checkbox"/> | Direct Debit | <input type="checkbox"/> |
| Membership Secretary Check | <input type="checkbox"/> | Council Meeting | <input type="checkbox"/> |
| Membership Category | <input type="checkbox"/> | Special Rate | <input type="checkbox"/> |
| Entered on Database | <input type="checkbox"/> | Welcome Letter Sent | <input type="checkbox"/> |



· INSTITUTE · OF · HISTORIC ·
BUILDING · CONSERVATION

FULL MEMBERSHIP APPLICATION FORM

ENDORSEMENTS OF APPLICATION (To be filled in by persons endorsing application)

Endorsement from a Full Member of the IHBC

I have spoken to Mr / Mrs / Miss / Ms / and discussed the above application details. I consider that this application for membership of the Institute of Historic Building Conservation should be supported for the following reasons (continue on separate sheet if necessary) :-

Full Name of Sponsor 1 (Please write clearly)

.....

Signed Date

Endorsement from Employer/Person with Knowledge of Applicant's Professional Knowledge and Experience

I have knowledge of the professional experience of Mr / Mrs / Miss / Ms /, and I have reviewed this application and discussed it with the applicant. I consider the details to be a correct reflection of their professional knowledge/experience.

Full Name, Job Title and Address of Sponsor 2 (Please write clearly)

.....

.....

.....

.....

Signed Date



• INSTITUTE • OF • HISTORIC •
BUILDING • CONSERVATION

IHBC Application Form – 20 September 2007

FULL MEMBERSHIP APPLICATION FORM