



APPLICATION FOR ELECTION TO FELLOWSHIP

PLEASE USE **BLOCK CAPITALS**

Surname Mr/Mrs/Ms

Forenames Date of Birth

Home Address		
	Post/Zip code	Country
	Mobile/Cell No.	Tel. No.
	Email	Fax No.

Company Name & Address		
	Post/Zip code	Country
	Mobile/Cell No.	Tel. No.
	Email	Fax No.

Academic Qualifications	
Professional Qualifications (please enclose copies of certificates)	

I declare that the above statements are true and that I am willing to be bound by the Code of Professional Conduct of the International Federation of Adjusting Associations.

Signature _____ Qualification _____

Date _____

WHEN COMPLETED THIS FORM SHOULD BE RETURNED WITH A CHEQUE FOR GBP25 (OR THE LOCAL EQUIVALENT) TO YOUR LOCAL INSTITUTE/ASSOCIATION