



**Application for election as Affiliate/Associate Member/Member
of the Chartered Institute of Logistics & Transport**

Please complete in block capitals

Surname _____
 Forenames _____
 Mr/Mrs/Miss/Service Rank _____ Date of Birth _____ Age _____
 Nationality _____ e mail i.d. _____
 Home Address _____
 _____ Postcode _____
 Home Telephone No./ Mobile _____ Fax No. _____

Present Job Designation _____
 Employer's name _____
 Work address _____
 _____ Postcode _____
 Work Telephone No./ Mobile _____ Fax No. _____

The Institute normally uses home addresses for mail. If you prefer us to use your work address please tick this box
 you are normally allocated to the Section of your postcode, but if you wish to belong to another section
 Please specify here _____
 Current (or past) C.I.L.T membership grade _____ Date _____ Mem.No. _____

In what area of Transport do you work?

Air Transport	<input type="checkbox"/>	A	Academic or Research	<input type="checkbox"/>	M
Consultancy	<input type="checkbox"/>	C	Road transport	<input type="checkbox"/>	R
Sea Transport	<input type="checkbox"/>	S	Logistics and distribution management	<input type="checkbox"/>	D
Rail Transport	<input type="checkbox"/>	T	Government (local or national)	<input type="checkbox"/>	G
Airports	<input type="checkbox"/>	H	Ports and Inland waterways	<input type="checkbox"/>	W

Is your work mainly concerned with:
 Freight transport F Passenger transport P Both B
 No relevant work experience N Not listed above X Student V Self-employed E Unemployed U

Education
 General education at _____ School From _____ to _____
 Further education at _____ University From _____ to _____
 _____ From _____ to _____
 Degree, certificates obtained _____ subject _____ in year _____

Other distinctions, qualifications or attainments _____

For C.I.L.T. official use
 Election
 Date

Please list up to four professional bodies to which you belong and your grade:

1	_____	[_____]
2	_____	[_____]
3	_____	[_____]
4	_____	[_____]

Experience in chronological order. Continue on an attached sheet if necessary.

Appointments held present appointment first	Name of employer	from Year	to Year
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Professional Report File approved by _____
(print name)

Signature _____ Grade _____ No _____

How do you expect to contribute to Institute activities ?

Declaration I certify that the statements on this form are correct. I promise that in the event of my election I will observe the Code of Professional Conduct, will be governed by the Charter and Bye-laws of the Institute, will promote the objects of the Institute as far as shall be in my power and attend its meetings as often as I conveniently can. Should I at any time desire to withdraw from the Institute, I will, in accordance with Bye-law No. 21 after payment of all subscriptions or other sums due from me including the subscription for the current year, send my resignation in writing to the Director General and return therewith any diplomas and certificates held by me.

Signature of Candidate _____ Date _____

M.O. verified _____ Date _____ Approved _____

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