



# APPLICATION for MEMBERSHIP of the IPSWICH AND DISTRICT ELECTRICAL ASSOCIATION.

(ALL PARTS OF THE FORM MUST BE COMPLETED)  
(BLOCK CAPITALS)

I (full name) \_\_\_\_\_

Of (postal address) \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Tel: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mobile Tel: \_\_\_\_\_

Qualifications:[for inclusion in Membership book] \_\_\_\_\_

Employed by or having been employed

by: \_\_\_\_\_

(Address optional) \_\_\_\_\_

Wish to apply for Full / Retired\* membership of the Association. [\*Delete as applicable]  
and having been associated with the electrical industry in the past as follows;

\_\_\_\_\_  
\_\_\_\_\_

If elected I agree to abide by the Constitution and Rules of the Association, and to pay annually such dues as published on the website for the current year.

Do you object to any of the above being stored on a computer?    **YES [    ], NO [    ]**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

The completed form should be sent to the Hon. Secretary: Address will be found at:

<http://idea.onesuffolk.net> (under membership)

For official use:-	Let.            /            /
MC/OM            /            /	Intro. .            /            /
Signature of Chairman:	Ref: