# THE-ICE Individual Member Application Form

Please complete the form below, providing details in each section and where appropriate, links to or details of supporting evidence, and return via email to: [accreditation@the-ice.org](mailto:accreditation@the-ice.org)

|  |  |  |  |
| --- | --- | --- | --- |
| Name & Title |  | | |
| Position |  | | |
| Organisation/Institution |  | | |
| Telephone |  | Mobile |  |
| Email |  | | |

Academic qualifications (please state names of institution attended, dates, and qualifications conferred):

|  |
| --- |
|  |

Positions held (in industry and academia, as applicable):

|  |
| --- |
|  |

Briefly detail why you are interested in becoming an Individual Member of THE-ICE.

|  |
| --- |
|  |

For Office Use only:

|  |
| --- |
| Comments |
|  |

|  |  |
| --- | --- |
| Recommendation | |
| Recommend acceptance of the application for THE-ICE individual membership |  |
| Do not recommend acceptance of the application for THE-ICE individual membership |  |