# 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

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

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

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

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

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For Office Use only:

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