



tel: +44 (0)20 7235 4535 fax: +44 (0)20 7235 4294 membership@istructe.org www.istructe.org

Form M/MRA: Application for Chartered Membership through a Mutual Recognition Agreement (and election to Graduate Membership, if appropriate)

Regulations for Membership

Before completing this application form applicants must have read the regulations governing admission or transfer to membership. These can be found at www.istructe.org.

The submission of an application does not automatically register you for the Examination.

Candidates with accredited degrees (or recognised equivalent) must submit form M/MRA and relevant supporting documentation no later than **20 November** in the year preceding the professional review examination they intend to enter.

1 Candidate's personal details (to be completed in block letters)			
Surname/family name:		Title: Mr/Dr/Mrs/Miss/Ms/other:	
Forenames/other names:		Date of birth:	
Previous surname (please provide proof):			
Full communication address:		Telephone number (work):	
		Telephone number (home):	
		Telephone number (mobile):	
		Nationality:	
Postcode/zip code:		Membership number (where applicable):	
E-mail (home): E-mail (work):			
	•		
2 Employment details			
Employment status: Employed Self-Employed Unem	ployed		
This section may be left blank if you are currently unemployed.			
Current employment position:			
I certify that to the best of my knowledge and belief the particulars given by the and/or training.	e applicant are corr	rect insofar as they relate to professional education	
Name (in block capitals):		Position:	
Company (in block capitals):			
Address:			
Signature:		Date:	
Institution membership number (if applicable):			
The person completing this section must be the candidate's present emp	ployer.		

3 Statement by three supporters						
We, the undersigned, from our personal knowledge of the candidate consider that, subject to the completion of the appropriate requirements, he/she is a fit and proper person to be admitted/transferred to membership of the Institution of Structural Engineers.						
1	Signature:		Date:			
	Name (in block capitals):					
	Membership number:		Length of time I ha	ave known the applicant	t:	
2	Signature:		Date:			
	Name (in block capitals):					
	Membership number:		Length of time I have known the applicant:			
3	Signature:	Signature:		Date:		
	Name (in block capitals):					
	Membership number:		Length of time I ha	ave known the applicant	t:	
As: ap	least one of the supporters must be a Fellow of the sociate-Member). The supporters should ensure that plicant does not know sufficient chartered members ase note that only original signatures will be accept to are not members of the Institution of Structural En	t all sections of the application are s of the Institution, he/she should co ted. Photocopied or scanned signat	properly and legib ontact the Member	ly completed by the craim ship Department at the	andidate. Where the ne address overleaf.	
thi	Education (certified copies of qualification certificates s section even if already a Graduate Member.	es must be provided by applicants	who are not alread	ly graduate members). Please complete	
Α		T		1	1	
		Full name of course including relevant discipline and grade achieved, indicating full or part time. E.g. MEng Civil Engineering (full time):		Date of commencement e.g. 01/09/04:	Date of completion e.g. 01/07/08:	
F-1						
	ucational activity undertaken outside completed deg		o(a) might include a	and ation of individual i	university based	
Possible CPD activities which have deepened your formal educational base outside of your degree(s) might include completion of individual university-based modules or short courses on technical topics. Short courses on training issues, such as Eurocodes, Health & Safety, construction law, etc., should not be listed here.						
Off	Official use only: Academic qualifications approved for Chartered Membership Yes No					

Qualification/s disclaimer: I agree that the university/college(s) from which I grade Engineers and I agree that if any of the qualifications I have claimed are found to third parties such as my employer, any other professional bodies of which I am at the Institution of Structural Engineers may also provide copies of the documents	to be false, The Instance and any	titution of Structural Engineers may inform any other interested y qualifying body from which I claimed a false qualification, and		
I also understand that if any of my qualification(s) is/are identified as false my application of the reason why my application has been rejected.	pplication will be r	ejected and the Institution will notify the person(s) supporting my		
Signature:	Date:			
5 Supporting Documentation				
Applicants satisfying the criteria for entry to the Chartered Membership Professi permitted direct entry to the examination without being required to submit evide review interview. Such candidates must submit, at the time of their application:		, , ,		
Proof of surname/name change (if applicable)				
Certified copies of qualification certificates (if not already a Graduate Me	mber)			
Appropriate subscription fee (if not already a Graduate Member)(refer to	our website: www	.istructe.org)		
A CV detailing recent experience in the profession, including details of co	ompany names, ad	Idresses, dates of employment and positions held.		
A certified copy of your membership certificate from the other Institution				
A recent (not older than 3 months) original letter from the other Institution confirming your membership and good standing, acceptability of your academic qualifications and that you were admitted through their standard professional review procedures (i.e. not through a mutual recognition agreement with another Institution).				
A certified copy of your Engineering Council registration certificate confir	ming your charter	ed registration (if applying through a UK engineering institution).		
The appropriate application fee (refer to our website: www.istructe.org)	The appropriate application fee (refer to our website: www.istructe.org)			
6 Membership and grade of other professional bodies eg. ICE, HKIE, etc				
Please state:				
7 Disability declaration				
I wish to inform the Institution of a disability:				
Disability: Signature:				
		Date:		

8 Candidate's declaration and undertaking

This form of undertaking is to be completed by any candidate for admission or transfer to any class of membership of the Institution other than Honorary Fellow in accordance with the provisions of bye-law 1.13.1.

CPD - The Institution's Code of Conduct requires members to "Maintain and broaden their competence, and assist other to do so." All members elected to a professional grade (Technician, Associate-Member, Associate, Chartered Member, Fellow) must comply with the Institution's mandatory reporting of CPD policy. Payment of your subscription confirms that you have satisfied your CPD obligation - normally 90 hours over a three year period.

For information on the policy, activities that the Institution recognises as CPD and other organisations whose CPD is recognised by the Institution, please visit the CPD section on the website.

I have read the charter, the bye-laws and the code of conduct. Whilst I am a member I undertake to be governed by the laws of the Institution for the time being in force, and to accept as final and binding decisions of the Board and the Institution on all matters in which they have jurisdiction. I also undertake to promote the objects of the Institution; to attend Institution meetings as often as I conveniently can, and to endeavour to present to the Institution an original communication relating to structural engineering. I further undertake that, upon the cessation of my membership, I will cease to describe myself in any way as a Member of The Institution of Structural Engineers. I have no criminal conviction unspent within the relevant jurisdiction. I am not subject to a bankruptcy order, restriction or undertaking. I have not been subject to an adverse finding by another organisation. There is no further matter that may affect consideration of my application. I agree to the Institution processing data relating to my membership and (where necessary) transferring such data outside the United Kingdom.

Signature:	Date:

Disclaimer: The information you provide on this form is required to enable the Institution of Structural Engineers and its Regional Groups to communicate relevant information/services to its members. Once you have been elected, you have the facility to amend your contact details and preferences via the 'my account' section on the website.



Please return by fax or post only to: The Institution of Structural Engineers

International HQ London SW1X 8BH United Kingdom

tel: +44 (0)20 7235 4535 11 Upper Belgrave Street fax: +44 (0)20 7235 4294 mail@istructe.org www.istructe.org

Credit/debit card authorisation

l,						
hereby authorise the Institution of Structural Engineers to debit my credit card to the value of $\mathfrak L$						
Card type i.e. VISA/MasterCard:			Expiry Date:	Expiry Date:		
Card Number:			Issue number (if applicable):	Issue number (if applicable):		
Start date (if applicable):			Security Code (last 3 digits on the sig	Security Code (last 3 digits on the signature strip):		
Please tick the box if you require a receipt for payment						
Signature:			Date:	Date:		
For office use only:						
Membership no:						
Payment for:	Annual subscription	Application fee	Engineering Council fee	PRI fee		
	ICP(AQP) fee	Technical report (A)	Technical report (B)	Late fee		
	Exam fee	Other	•	•		

Should you wish to make a payment electronically, please log into https://www.istructe.org/membersarea/ or alternatively you can make payment by contacting the Membership Department at the number above.