



Society of Light & Lighting

Application for Affiliate

Personal details

Surname: _____	First names: _____
Title: _____ Date of birth: _____	Employer: _____
Private address <input type="checkbox"/>	Business address <input type="checkbox"/>
(please give both and tick whichever is the preferred contact address)	
_____	Company name: _____
_____	Address: _____
_____	_____
_____ Postcode: _____	_____ Postcode: _____
Tel: _____	Tel: _____
Fax: _____	Fax: _____
e-mail: _____	e-mail: _____

Are you a member of the Institution of Lighting Professionals?

YES / NO

Declaration

I certify that the information herein is correct. I agree that, in the event of my election to any class of membership of the Society of Light and Lighting, I will be governed by the provision of the Articles, Bylaws and Rules of the Society as they are now formed or as they may be hereafter altered; I agree to abide by the Code of Professional Conduct, and will do all in my power to advance the objects of the Society; provided that whenever I shall signify in writing to the Secretary of the Society that I wish to withdraw from the Society, I shall, after payment of any arrears which may be due by me at that period, be free from this obligation. I understand that in becoming a member in any class of the Society I shall also become an Affiliate of the Chartered Institution of Building Services Engineers and shall be required to abide by the relevant provisions of the Royal Charter, Bylaws and Code of Conduct of that body; and that if for any reason my membership of the Institution is terminated then so will be my membership of the Society.

Signature of applicant: _____ Date: _____

Fees (mandatory)

Please submit your joining fee and initial year's subscription with the application (see separate sheet for details). Cheques should be made out to CIBSE.

Please charge my credit card:

Cardholder's name: _____

Cardholder's address: _____

City: _____ County: _____ Postcode: _____

Card number: _____ CVV: _____

Valid from: _____ Card expiry date: _____ Switch issue no: _____

Cardholder's signature: _____ Date: ____ / ____ / ____