**Society of Vertical Transportation**

**Application to transfer to Fellow (FSoVT)**

**Personal Details**

Surname: Click or tap here to enter text. First name(s): Click or tap here to enter text.

CIBSE (SoVT) membership number: Click or tap here to enter text.

**Industry Contribution Statement**

A Fellow will have reached a position of superior responsibility and accountability. Please give details of your contribution to the development of vertical transportation. See the [SoVT website](https://www.cibse.org/sovt) for guidance.

**Objective 1**

Carry out an active role in contribution to the vertical transportation industry or demonstrating support for SoVT, in the past and in the future.

Click or tap here to enter text.

**Objective 2**

Reached a position of superior responsibility and accountability.

Click or tap here to enter text.

**Sponsor**

Please provide details of your sponsor who shall meet **ALL** of the following requirements:

  known you for a minimum of 2 years

 knows your background and recent work and can validate your experience listed above

 shall be a Fellow of CIBSE and/or SoVT **OR** registered CENG and Fellow of another
 Engineering Council licensed institution **OR** professionally registered within the
 construction industry eg CIOB, RICS

Your sponsor will be contacted to verify the information provided.

Name: Click or tap here to enter text.

Email: Click or tap here to enter text. Tel: Click or tap here to enter text.

Known for: Click or tap here to enter text. years

Institution/Organisation and grade: Click or tap here to enter text.

**Declaration**

By submitting this application for consideration, I certify that the information provided is correct and I agree that in the event of my election to Fellow of the Society of Vertical Transportation, I agree to abide by the CIBSE Code of Professional Conduct. I understand that in becoming a Fellow of the Society I 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: Click or tap here to enter text. Date: Click or tap to enter a date.