

Society of Light and Lighting

Application for membership



The Society of
Light and Lighting

Member (MSLL)

Class being applied for (please read the guidance notes and tick appropriate box)

1 Personal details

Surname: _____ First name(s): _____

Title: _____ Date of birth: _____ Employer: _____

Private address

Business address

(please give both and tick whichever is the preferred contact address)

_____ Company name: _____

_____ Address: _____

_____ Postcode: _____

Tel: _____ Tel: _____

Fax: _____ Fax: _____

e-mail: _____ e-mail: _____

Data Protection

The information you provide in this application will be used by CIBSE and its regions or administrative agents for administrative and membership purposes as required by law. We will use your information to keep you up to date with news and developments in the industry, via email and post.

We will not sell lists of our members, but may pass your details on to CIBSE regions acting on CIBSE's behalf as well as third parties who work with CIBSE closely. If you do not wish to receive mailings or emails from CIBSE, please opt out below:

I do not wish to receive mailings from CIBSE

I do not wish to receive emails from CIBSE

I do not wish to receive mailings (including emails) from third parties approved by CIBSE relating to products and services that are relevant to my membership

For Society use only

Date of transfer of application to SLL Secretary: ___/___/___ Date considered by Membership Panel: ___/___/___

Class awarded: _____ Date candidate notified: ___/___/___ Membership computer record updated: ___/___/___

2 Academic and professional qualifications

If applying for the class of Associate Member, Member or Fellow, please state **ALL** academic and professional qualifications. Also please give **DETAILS** of any qualifications in LIGHT AND LIGHTING or other subjects which include light and lighting. **Student applicants please ensure that you complete this section**

University or college or other body	Full title of qualification gained including subject area and details of any lighting content	Date course commenced	Course duration	Year qualification obtained/expected	Initials of verifier

The proposer should sign to verify that he/she has seen the original certificate for the qualification listed.
Please provide copies of certificates where possible.

3 Employment and experience details

Employer	Job title and work undertaken; personal responsibility and 'hands-on' role in LIGHT AND LIGHTING (you may wish to put greater emphasis on recent experience)	Start and end dates	Percentage of work in Light and Lighting

The information provided above will assist the Membership Panel in considering your application.

4 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: _____

5 Proposer/Course tutor

If you are applying for the class of Associate Member, Member or Fellow, please have this section completed by a proposer who knows your background and recent work and can validate your experience listed above. Such a proposer should preferably be an employer or a corporate member of a relevant professional institution, and who is willing to provide supplementary evidence to the Education and Membership Committee if required. **If you are applying as a student** for the class of Associate, please ask your course tutor or lecturer to complete this section.

Signature: _____

Name: _____ Organisation: _____

Address: _____

_____ Postal Code: _____

Tel: _____ Fax: _____

e-mail: _____

Relationship to applicant (eg employer, course tutor): _____

6 Involvement in the work of the Society

The Society relies greatly on the volunteer efforts of its members to run its affairs which are handled largely through a series of committees. If you feel that you may be able to help with publication drafting, serving on a committee or in other ways, please indicate in the space below and I will put you in touch with the relevant committee chairman.

Possible areas of activity within the Society

7 Fees

Please send your joining fee of £25 and initial year's subscription of £147 with the application. **DO NOT PAY THE SUPPLEMENTARY FEE** for Associate Member, Member or Fellow of the Society at this stage. Cheques should be made out to CIBSE. Alternatively, members may pay by Mastercard, Visa, Switch or Visa Delta. If using one of the latter methods, please complete the section below.

Please charge my credit/debit card Cardholder's name:

Cardholder's address: House no: _____ Street: _____

Area and City: _____

County: _____ Postcode: _____ Country: _____

Card number: _ _ _ _ _ _ _ _ _ _

Please include the three digits from the back of your card _ _ _

Valid from: __ / __ Card expiry date: __ / __

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