

Application Form - Technician Membership of IAgRE (TIAgRE)

Name:			
Address:			
Email:			
Telephone No:			
Qualification:	Level 3 Apprenticeship		Level 3 Extended Diploma
	Level 3 Diploma		Higher Education
	Other:		
Subject:			
Job Title:			
Employer:			

Data Protection - I understand and consent to the information provided on this form being processed by the IAgRE for its sole use, for the purpose of promoting, delivering and improving my experience of the IAgRE and its products and services or such other purposes as are described in the IAgRE Privacy Statement and Disclaimer. I give my permission for IAgRE to access my information for management, administration and registration purposes. I confirm that I wish to receive notification (by post or electronic means) of IAgRE products, events and services which may be of interest and benefit to me.

Declaration - I declare that the statements made on this form are to the best of my knowledge true. I agree to comply with the Memorandum and Articles of Association, and associated Regulations of the Institution of Agricultural Engineers (IAgRE). I understand that this is a commitment to behave ethically within my profession. I will do my best to promote the interests of the IAgRE. I confirm that I have not committed any offence of which the IAgRE would require me to give notice under its Rules of Conduct. The Memorandum and Articles of Association, and associated Rules & Regulations are published on the website www.iagre.org

Please tick to confirm you have read and accepted these Terms and Conditions

Signed:			
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Please print or save his form when completed and send it with the completed [Direct Debit](#) form to:
 Alison Chapman membership@iagre.org or by post to:
 IAgRE, The Bullock Building, University Way, Cranfield, Beds MK43 0GH

Approved by IAgRE:			
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