**If you are not already a member of the Institution of Environmental Sciences (IES), please ensure that your membership application to the Institute of Air Quality Management (IAQM) is accompanied by an IES application (**[**www.the-ies.org/joining**](http://www.the-ies.org/joining)**). In most cases your membership level with the IES will correlate with that of your IAQM membership.**

**This form sets out the additional information required relating to your specialist experience in air quality management to determine your IAQM membership grade.**

***Please note if you do not have one of the degrees listed by the IES, your experience of working in air quality (indoor or outdoor) over a number of years and/or relevant degree modules may nonetheless be sufficient for IES and IAQM membership. In some cases, individuals may not meet the requirements for IES Full or Associate membership, but can still join the IAQM given that they have the required experience and are an Affiliate member of the IES.***

**YOUR DETAILS**

|  |  |
| --- | --- |
| **Forenames:** | **Family name:** |

**Grade applied for (delete as necessary)**: Associate | Member | Fellow

(Those looking to apply for Affiliate should use the [Affiliate form](https://www.the-ies.org/sites/default/files/documents/affilliate_application.pdf))

**YOUR AIR QUALITY EXPERIENCE**

**Please provide a detailed description below of your work and educational experience relating to air quality. Please also include a CV.** *For Member grade, please write a detailed career history showing at least 4 years full-time equivalent air quality experience. This should include company/university contact details, relevant postgraduate research and relevant work experience. For each post, please state its duration, your level of responsibility and the air quality experience gained. You may be asked to provide documentary proof.*

|  |
| --- |
|  |

Please continue on an additional sheet if required.

**REFEREES**

**Please provide names and contact details for two referees with knowledge of your air quality related experience – at least one should be from your current employer/organisation.**

|  |  |
| --- | --- |
| **Referee 1:** | **Referee 2:** |
| **Job title:** | **Job title:** |
| **Contact details:** | **Contact details:** |

This form should be emailed to [info@iaqm.co.uk](mailto:info@iaqm.co.ukw) or posted to *IAQM, c/o Institution of Environmental Sciences, 1st Floor, 6-8 Great Eastern Street, London, EC2A 3NT*. Please ensure the data protection box is ticked, the form is signed, CV is included, and you have paid the £10 application fee. This can be paid by credit/debit card by calling +44 (0)20 3862 7484, bank transfer to 08-92-99 65225655 or by cheque (made payable to the Institution of Environmental Sciences).

In order to administer your membership and deliver you our services, it is essential for us to process your personal data and store it in electronic format. The IAQM operates under the care of the Institution of Environmental Sciences (IES), who outlines how this information may be used and why in their [Privacy Statement](https://www.the-ies.org/about_us/privacy-statement). You can unsubscribe from IES and IAQM communications in the [Members’ Area](https://www.the-ies.org/members) or by contacting us directly. It is our policy to retain your details for up to three years once your membership has expired, but you are welcome to request its removal at any time.

I confirm that I have read the Privacy Statement and am happy for the IES, acting on behalf of the IAQM, to process my personal information in order to maintain my IAQM membership.

I certify that the information given on this form is accurate and I wish to apply for admission to the Institute of Air Quality Management (IAQM). If admitted, I will abide by the rules of the IAQM.

**Signature Date:**

**(electronic signatures are acceptable)**

**FOR OFFICE USE ONLY**

**Assessor 1 Name**

**Grade award:   
  
Associate Member Referral**

**Comments, if required:**

**Date:**

**Assessor 2 Name**

**Grade award:   
  
Associate Member Referral**

**Comments, if required:**

**Date:**