

References: continued

Second referee's Name, address and other contact details:

Supporting comments from second referee

If you are an IoTA member, please give your membership no.:

Signed: _____ Date: _____

Please forward completed application to:
 Institute of Transport Administration, "The Old Studio",
 25 Greenfield Road, Westoning, Bedfordshire. MK45 5JD
 MK45 5JD. UNITED KINGDOM **or by email to:**
director@iota.org.uk

For official use only:

Applicant name: Centre:

Committee recommendations:

Name	Signature	Date	Grade

Comments:

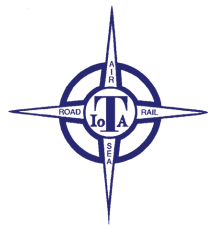
Chairman: _____ Date: _____ Grade: _____

HQ use only:

Payment received:	Ref:
Subscription:	Membership No.:

Application for Membership

Institute of Transport Administration



All sections must be completed in **BLOCK CAPITALS**

Personal Details

- Surname Title/Rank
- Forename/s
- Date of Birth Nationality
- Home Address:
.....
- Post Code Home Tel
- email: Mobile:
- Works Tel:

Declaration

I understand that;

- this application will be considered by the Institute's Education, Training and Membership Committee.
- grading will be decided, taking into account that information as freely provided by me within this application.
- I will be informed of this committee's decision.
- my subsequent membership shall be conditional upon abiding by and to those rules of membership as stipulated by the Institute.
- I give consent for the Institute to seek reference/s from my current or previous employers.

I confirm that the information given is, to the best of my knowledge, true and correct.

I enclose a non-refundable application registration fee of £15.00

Applicants signature: Date:

Employment Details, Qualifications & Reference/s

Current Employer's Name, Address, Email and Telephone Number:

Website

Type of Business

No. Employees

Current **Line Manager's name** & position:

Date current employment commenced: ___ / ___ / ___

Please give brief **details** of your **title, responsibilities** and **duties**:

No. of employees for whom you are responsible ? ___

Previous Employer's Name, Address, Email and Telephone Number:

Website

Please give brief **details** of your **title, responsibilities** and **duties**:

Previous Employment dates: From: ___ / ___ / ___ to: ___ / ___ / ___

Other information you believe relevant to this application: (including membership of other trade organisations)

Please **provide detail**:

Employment in transport: Full time years Part time years.....

Qualifications : Please **declare & submit** copy **evidence**— by post: to: address overleaf. or by email, to: director@iota.org.uk

i) date: ___ / ___ / ___ ii) date: ___ / ___ / ___

iii) date: ___ / ___ / ___ iv) date: ___ / ___ / ___

Continue on separate sheet if necessary

References

Two references are necessary to complete this form. If it is not possible to be proposed by a corporate member of the Institute, please advise details of a Senior Executive at your present place of employment to whom we may apply for a reference. If you are self-employed, give details of your accountant or other professional who can provide a business reference.

First referee's Name, address and other contact details:

Supporting comments from first referee

Continue on separate sheet if necessary

If you are an IoTA member, please give your membership no.:

Signed:

Date: