



APPLICATION FOR FELLOWSHIP

of the Society for Radiological Protection

Please complete ALL sections in BLACK PRINT or TYPE and return this Application Form to The SRP Administrative Office, PO Box 117, Buckfastleigh, Devon TQ11 0WA, Tel 01364 644487, Fax 01364 644492 enclosing an Application Fee of £10*. Registered Charity No.1122804.

PART I PERSONAL DETAILS

Surname

Other names

Title

Nationality

Employer

Business Address

.....

..... Post Code

Home Address

.....

..... Post Code

Telephone Number (Daytime)

Fax Number Email

Preferred Address for letters: Business () Home () Please tick

Date when appointed Member

Membership of other professional bodies

.....

.....

* Please make your payment by cheque made out to the Society for Radiological Protection (SRP). Overseas applicants should remit the sum in £ sterling by international money order or bankers draft drawn on a bank in the United Kingdom.

PART V SPONSORS

It is normally necessary for two Members of the Society, one of whom must be a Fellow, who know you to act as sponsors. A letter from each sponsor must be sent with this application and should detail the sponsors' knowledge of your relevant experience and activities. Both sponsors should complete the section below:

Name: Name:
 Address: Address:

 Signature: Signature:
 Date: Date:
 A letter from is attached A letter from is attached

NOTE TO EACH SPONSOR: You are requested to provide a full and appropriate "pen-picture" of the applicant in your letter of support.

PART VI APPLICATION AND DECLARATION

To the Council of the Society for Radiological Protection:

I hereby apply to become a Fellow of the Society for Radiological Protection.
 If elected I agree to be bound by, and will comply with, the Constitution,
 Regulations, Bye-Laws and other rules of the Society from time to time in force.

Signed..... Date

Name (please print)

N.B. PLEASE DO NOT SEND ANY MONEY FOR YOUR SUBSCRIPTION UNTIL YOU RECEIVE A REQUEST FROM THE CHAIRMAN OF THE MEMBERSHIP COMMITTEE.

FOR OFFICE USE

Date Received	Acknowledged	Appointed
Fee Enclosed	To Membership Committee	Date