

# United Kingdom Association of Professional Engineers

## Membership Application Form

Branch SE/6260\_APF16B

Please complete all the boxes (in black ink please), confirm your agreement to the Union Rules and Code of Conduct, complete the Direct Debit instructions and send the completed form to:

**UKAPE Applications Dept. Unite SE Regional Centre, Chalvey Road East, Slough SL1 2LS**

We will respond as quickly as possible when your membership has been accepted, with your membership number and confirmation.

Title:	Full Name:																									
Date of Birth:	d	d	m	m	y	y	y	y	Nat. Ins. Number:																	
Email Address:																										
Telephone No:																Mob.										
Home Address:																										
Town:											Postcode:															
Employer Name:																										
Employer Address:																										
Town:											Postcode:															
Workplace Addr:																										
Town:											Postcode:															
Your job Title:																										
Qualifications:	Institution Membership (e.g. IMechE): _____																									
	Are you on the Engineering Council Register? <input type="checkbox"/> Yes <input type="checkbox"/> No																									
	Degree or other qualifications: _____																									

Please tick	<input type="checkbox"/>	Basic Rate (No Political Levy) + Branch Fund ... ..	£14.55	per month
Membership	<input type="checkbox"/>	Basic Rate + Political Levy + Branch Fund ... ..	£15.31	"
Option reqd.	<input type="checkbox"/>	Enhanced Rate (No Political Levy) + Branch Fund ...	£15.63	"
	<input type="checkbox"/>	Enhanced Rate + Political Levy + Branch Fund ... ..	£16.39	"

I hereby apply for membership. I agree to abide by the rules of UKAPE and Unite and agree to pay the monthly Union subscription fees:  I agree

CODE of CONDUCT: I shall at all times so order my conduct as to uphold the dignity and reputation of the engineering profession and to safeguard the public interest in matters of safety and health and otherwise. I shall use my professional skill and judgement to the best of my ability and discharge my professional responsibilities with integrity.  I agree

Signed: \_\_\_\_\_ Date:



Bank/BS Name:

Bank/BS Address:

Postcode:

Originators ID Number  
9 7 1 4 6 7

**Instructions to your Bank/Building Society**  
Please pay Unite the Union Direct Debit monthly from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee.  
I understand that this instruction may remain with Unite the Union and, if so, details will be passed electronically to my Bank or Building Society.

Bank/Building Society A/C No:

Branch Sort Code:

Name(s) of Account Holders:

Signature(s):

Date:

Please tick preferred day of month for payment:  7th  14th  21st  28th

**For office use only.**

Job Code:

Workplace:

Employer:

Recr.:

Sector:

Membership Number: