



Sierra Leone Institution of Engineers

Registered Office of S.L.I.E. and P.E.R.C.
Government Office Compound New England
Freetown, Sierra Leone
P. O. Box 1117 Tel: 235379
E-mail: slie1990@yahoo.co.uk

APPLICATION FOR MEMBERSHIP

This form is for application for election or transfer to the Grade of Associate, Graduate member, Corporate Member or Fellow of the Institution. The Appropriate grade of membership will be decided by Council. It is requested that the details be either typed or filled in block letters.

PART A

Details of Applicant:

1. Name (Surname first):.....
2. Address:.....
3. Date of Birth:.....
4. Place of Birth:..... 5. Nationality:.....
6. Name/Address of Present Employer:.....
7. Address for Correspondence:.....
8. E-mail Address & Tel:.....
9. Educational Record:.....

Name and Address of Institution	Year Attended		Degree/Diploma	Discipline
	From	To		

Note: Please attach one copy of each certificate or diploma mentioned above.
 Please obtain a receipt of acknowledgement of this form when returned.

Application form - Le20,000
 Registration Fees - Le50,000 SLIE Tie - Le75,000
 Membership Fees - Associate – Le200,000, Graduate Member – Le200,000 (SLIE)
 (per annum) Corporate Member – Le700,000, Fellow – Le1,000,000 (SLIE/PERC)

10. Professional Experience

(Starting with the most recent one)

From To (Month/Yr.)	Details of Work Experience	Period (Months)	Name of Employer	Name and Signature of Supervisor

Use additional sheets as necessary

PART B

11. **Membership of other Professional Bodies:**

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12. **Declaration of Applicant:**

I declare that the statements made herein are correct to the best of my knowledge and belief, and that I agree to be governed by the rules and regulations of the Sierra Leone Institution of Engineers, as they now exist and as they may hereafter be altered.

.....
Signature of Applicant

.....
Date

13. **Details of Sponsors:**

Candidates must be sponsored by **TWO** members of the Institution in any of the categories stated below:

ONE of whom must be a Member of Council.

CORPORATE MEMBER OR FELLOW

Name	Category of membership	Council/Member Yes/No	Signature

PART C
For Official use only

Members Committee

Date Received.....

Recommendation of Council:

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Date Referred to Council.....

Date.....

.....
Signature of Chairman

Council of the Institution

Date Received.....

Decision of Council:

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Date:.....

.....
Signature of President