

# CHARTEREDINSTITUTE OF LINGUISTS

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## APPLICATION FOR STUDENT MEMBERSHIP

### Personal Details:

Title: Mr Mrs Miss Ms Dr Other(s)

Forename(s)/given name(s)

Surname

Date of birth: (DD/MM/YYYY)

### Address:

No./Building:

Street:

Town:

County:

Postcode:

Country:

### Contact Details:

Day/Work Tel:

Evening/Home Tel:

Mobile:

E-mail:

Nationality:

Are you or have you ever been a member of the Institute?  Yes  No

### Languages

Mother tongue (native language):

Language

Language

Language/s in which you are seeking membership

Language

Language

### Course Details:

From: (MM/YYYY)  To: (MM/YYYY)

Course:

Institution:

Qualification Awarded:

FOR OFFICE USE ONLY

Membership No.

## Divisional Membership\*

The Institute has Divisions to further the professional interests of members. Membership of a Division is not obligatory, but is encouraged. Electing to join Divisions shows your intention to take an active interest in those Divisions.

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Education                            | <input type="checkbox"/> Interpreting |
| <input type="checkbox"/> Business, Professions and Government | <input type="checkbox"/> Translating  |

\*If you decide to join any of the above divisions and tick any of the boxes in Section 8, you are agreeing to receive information from these divisions.

Payment to be enclosed. See covering letter and Notes.

## Declaration

I apply for admission as a member of the Chartered Institute of Linguists in the category I have indicated above.

I declare that the particulars above are correct and accurate and that I have read the accompanying notes.

I undertake, if admitted to membership, to observe the provisions of the Memorandum and Articles of Association, the Bye-laws, the Code of Professional Conduct, and such other rules and regulations as may be promulgated from time to time.

I agree that if successful in my application, my name, grade and membership number may be published in a list of members (in electronic or paper form)

The data provided on this form will be used by the CIOL to assess my eligibility for membership and award me the correct category of membership. The information gathered by the CIOL about me will be used to manage my membership within the Institute and to ensure that the CIOL provides me with information and services I would expect as a member. This includes mailings and will allow the CIOL to form an interest consensus to ensure the distribution of any material and/or products/services from the IoL and its subsidiaries that has a relevance to me.

Date

Signature

Where did you hear about the Chartered Institute?

Website  Current member  Friend  Colleague  Work

Publication (please specify) .....

University (please specify) .....

Exhibition (please specify) .....

Other (please specify) .....

## CREDIT/DEBIT CARD PAYMENT

Type of Card: MasterCard  Visa  Visa Electron  JCB  Maestro

Card Number:

Start Date:     Expiry Date:     Issue No:

Security Number:

Cardholder's Name (as it appears on the card):

If you are admitted you will be required to pay the outstanding balance. If you wish us to use these card details for this purpose, please tick here: