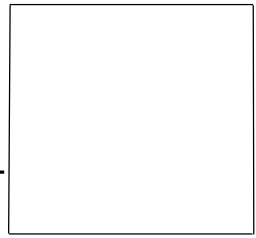




GHANA INSTITUTION OF ENGINEERING

Engineering Centre , 13 Continental Road, Roman Ridge, Accra. Digital Address: GA-088-0381. P. O. Box AN 7042, Accra-North, Ghana. Telephone No: +233-30-2760867, +233-50-4228610, Fax: +233-30-2772005. Email: Secretariat@ghie.org.gh, ghiecentre@yahoo.com, Website: www.ghie.org.gh



Membership Application Form (Artisans)

Attach 2 certified passport size photographs

Indicate Grade applying for:

Master Engineering Craftsman (MEC)		Engineering Craftsman (EC)	
Trainee Engineering Craftsman (TEC)			

Member Number

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Read the notes overleaf before completing this form

1. Personal Information

Surname	Sex M/F	Date of birth
Other names	Title (Dr/Mr/Mrs/Miss/Other)	
Place of Birth	Nationality	
Business Address		
E-mail	E-mail	
Mobile Telephone	Business Telephone	

2. Academic qualification

(Attach Photocopies of Certificates)

Date	Name of Institution	Type of Institution: Secondary/University/Other	Certificates Awarded	Year of Award

3. Statement of training and Experience (Master Engineering Craftsmen only)

Attach a full and complete record of your training in engineering logbook. Specify the actual area of engineering practice; e.g. Mechanical Foundry practice, Machine Shop, etc. If experience is being offered in lieu of formal training please break this down as far as possible under the classification given. If you undertook a research programme rather than formal training you should ensure that the design and manufacture aspects are fully detailed.

4. Membership of Other Professional Engineering Related Institutions

5. Important undertaking to be signed by the applicant

I _____ the undersigned, in the event of my election to membership of the Ghana Institution of Engineering, will be governed by the constitution and bye laws as they now are, or as they may hereafter be altered; and that I will advance the objects of the Institution as far as shall be in my power;

Provided that, whenever I shall signify in writing to the Council of the Institution that I am desirous of resigning from the Institution, I shall, after the payment of any arrears which may be due by me at that time, be free from this obligation.

Signed : _____

Date : _____

Notes

You are to note, that the onus is upon you to provide sufficient information to allow a proper assessment of the application to be made.

All applicants must send with this form, evidence of academic qualifications. Authenticated photocopies are acceptable.

For office use: Received

Date admitted as a Member