

GHANA INSTITUTION OF ENGINEERING

P.O. BOX 7042, ACCRA-NORTH TEL: 760867, 760868, TEL/FAX: 772005

APPLICATION FORM FOR COMPANION

	nal Information							
Surname		Sex M/F	ex M/F Date of birth(dd/mm/yyyy)					
Other Names		Title (Dr/M	Title (Dr/Mr/Mrs/Miss/Other)					
Place of Bi	rth	Nationality	Nationality					
Name of	Employer & Address	Addres	Address for Communication (If different)					
E-mail:		E-mail:	E-mail:					
Busines	s Telephone:	Home 7	Home Telephone:					
	Report a career report that details out your expeted with engineering.	rience and practice of you	r profession and the	way such experie	nce is			
The ca	Professional Groups: andidate shall be an established member ces of engineering activities, and whose a ations	admission would be condu	cive to the general a	dvancement of en	gineering and its			

5 .	_	Engineering Insights							
		The candidate shall have had at least five years of association with the methods, procedures or practices of engineering activities, with experience and responsibility allied to those of the relevant Occupational Group to which he/she is admitted							
	1 -								
	2 -								
	3 -								
	4 -								
	5 -								
6.	_	Alignment with GhIE Mission							
	The	The candidate should have demonstrated a commitment to the objective of GhIE							
	1 -								
	2 -								
	3 -								
	4 -								
one	e of tho	ough classes of Men	e/support the Candid nbership of the Institu		oersonal knowledg	ge as a person worthy of consideration for admission to			
	posers Full Na			Grade	Member No.	Signature and date			
			I		1				
	pporter Full Na			Grade	Member No.	Signature and date			
8.	Impo	rtant undertakir	ng to be signed b	y the ap	plicant				
						the undersigned, in the event of m be governed by the constitution as they now are ts of the Institution as far as shall be in my power			
fro	ovided m the ligatio	Institution, I shal	I shall signify in I I, after the payme	writing t nt of any	o the Council o arrears which	f the Institution that I am desirous of resignin may be due by me at that time, be free from thi			
Sig	ned		Date						
Yo be		. All new applicants				to allow a proper assessment of the application to emic qualifications. Authenticated photocopies are			
<u>For</u>	r office ι	use:							
Red	ceived t	by: Date admitted as a Companion Member							