



Application for Admission to Membership

Administration fee	
Membership fee	
Membership No.	
Date admitted	

Personal Details			
Name			
Forename initials		Title	
Email (<i>used for correspondence</i>)			
Home address			
Town			
Postcode			
Home phone			
Work phone			
How did you hear of IPROW?			
What has made you apply for membership?			
Membership type	Associate / Full	<i>delete as applicable</i>	
Present Employment			
Employer			
Address (<i>used in members' directory and company register unless you inform us</i>)			
Town			
Postcode			
Job position	Manager		<i>tick as applicable</i>
	Team Leader		
	Officer		
	Assistant		
	PINS Inspector		
	Consultant		
Job title			
Contract	Full / Part time	<i>delete as applicable</i>	

Date appointed			
Job details		<i>Please send your current job description with your application</i>	
Work Area	Rights of Way	Research	<i>tick any applicable</i>
	Open Access	Improvement Planning	
	Maintenance	Promotion	
	Enforcement	Visitor Service / Management	
	Definitive Map	Site Maintenance / Management	
	Public Path Orders	Cycle Tracks	
	Legal	Commons/Village Greens	
	Countryside		
Professional Training & Experience			
Date from	Date to	Description	Under supervision of or in association with

Membership of Organisations with an Interest in Public Rights of Way / Access Management		
Name of organisation	Position held	Period of membership
Referees (Please include your current line manager. References will usually be requested by email and may include a summary of information on this form)		
Name		
Position		
Organisation		
Address		
Phone		
Email Address		
Name		
Position		
Organisation		
Address		
Phone		
Email Address		

DECLARATION

I, (full name) hereby make formal application for admission to membership of IPROW (The Institute of Public Rights of Way and Access Management) as an Associate / Full member (delete as appropriate). In the event of my admission, I accept and agree to abide by the Rules of the Institute and Company and will promote the objectives of IPROW to the best of my ability. I also accept, as final and binding, the decision of the Directors of the Institute in respect of this application.

I declare the information I have given on this form to be complete and correct.

Signed

On completion of this form, please send to: Executive Officer, IPROW, PO Box 78, Skipton, BD23 4UP