



ISCM USE ONLY

## MEMBERSHIP APPLICATION FORM (Organisation)

### Your details

#### First nominee

Title: Prof / Dr / Mr / Mrs / Miss / Ms / Other .....

Full name (underline surname): .....

Date of birth (DD/MM/YY): .....

Company name: .....

Address: .....

Postcode: .....

Country: .....

Telephone: .....

Email: .....

#### Second nominee

Title: Prof / Dr / Mr / Mrs / Miss / Ms / Other .....

Full name (underline surname): .....

Date of birth (DD/MM/YY): .....

Company name: .....

Address: .....

Postcode: .....

Country: .....

Telephone: .....

Email: .....

(These email addresses will be used to allow you access to your online copies of the IJCM – The International Journal of Condition Monitoring)

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Signature .....

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