

For Office Use Only	
Class of Membership:	Membership Number:



APPLICATION FORM FOR ELECTION TO PROFESSIONAL MEMBERSHIP OF ISCO

Please complete and return to –
ISCO Secretariat, Balbithan House, Kintore,
Aberdeenshire, AB51 0UQ UK

1. PERSONAL DETAILS

Designation (Mr/Mrs/Miss/Dr/Prof/etc)	
First Name/s	
Last Name	
Current Position	
Address for Correspondence Home/Work (delete not applicable)	
Zip or Post Code	
Country	
Telephone No (including country code)	
Mobile Phone No (including country code)	
Fax No (including country code)	
Email Address	
Web Site	

Please tick box to indicate class of membership for which you are applying.

STUDENT MEMBER* ASSOCIATE MEMBER MEMBER FELLOW

Please note that the Membership Committee will make a determination on the level of Professional Membership appropriate to your qualifications and experience. At a later stage you may apply for an upgrade to a higher level of membership.

* Note that Student Membership is for students, apprentices, and trainees as a first step in their career development.

Data Protection Act (1998) – I understand that ISCO will hold and use my personal data for administration purposes, to keep me informed of activities and to offer me goods and services provided by, or on behalf of the Organisation, including the delivery of the ISCO Newsletter.

2. MEMBERSHIP OF OTHER PROFESSIONAL OR TECHNICAL ORGANISATIONS

Please include name/s of organisation/s, and grade/s of membership
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3. REFERENCES

Please give names and contact information for two persons who would be willing if so requested to provide on your behalf a letter of reference in support of your application for Professional Membership of ISCO. Suitable persons are individuals in positions of responsibility who know you well and can attest to your character, qualifications and capabilities.

Reference No. 1		
Name:	Position	
Company/Organisation:	Contact Tel. No.	
Email Address:		

Reference No. 2		
Name:	Position	
Company/Organisation:	Contact Tel. No.	
Email Address:		

4. REFEREE

Please identify an appropriate referee, a responsible person of standing in the spill response community, who knows you and your work well (for example, your course tutor, a senior manager or officer at work, a corporate member of ISCO). Once you have completed the rest of this application form, please ask your referee to fill in the section below and to sign and date photocopies of your certificates as true copies of the originals.

Declaration: I, the undersigned, recommend the above applicant, from personal knowledge, for professional membership of ISCO. I have appended my initials against all statements by the candidate that I can verify.		
I have known the applicant for _____ years and support his/her application for membership		
Name:	Position	
Company/Organisation:	Contact Tel. No.	
Email Address:		
If a member of ISCO, Membership Class:	Membership No.	
Capacity in which the applicant is known to you:		
Signature:	Date:	

5. ACADEMIC QUALIFICATIONS AND TRAINING COURSE CERTIFICATION

Your qualifications can help you to demonstrate evidence of your knowledge. You must submit authenticated copies (i.e. initialled by your referee as true copies of the originals) of your qualification certificates with your application form.

Start and Finish Dates of Academic Course / Date of Training Certificate Award	Establishment / Name of Training Organisation that issued Certificate	Degree / Diploma / Certificate	Initials of Referee

6. SUMMARY OF CAREER PROGRESSION

Please include details of your current or most recent jobs and **attach a detailed CV** identifying the key responsibilities and accountabilities you have had during your career to date.

Dates	Current / most recent job role	Initials of Referee

7. DECLARATION

I agree to abide by the ISCO Code of Professional Conduct in its present form or as it may be amended from time to time without notice; to uphold and promote the aims, values and principles of ISCO; to abide by the law and any recognised professional standards of conduct in my country of residence and in the country that work is carried out in; to always act and work in a competent and honest manner; and to maintain my continuing professional development.

I have read and agree to accept the ISCO Professional Membership Rules in their present form or as they may be amended from time to without notice. The ISCO Code of Professional Conduct and Professional Membership Rules can both be viewed on the ISCO website at <http://www.spillcontrol.org>

I confirm and warrant that all statements made in this application form and all other information or documents provided to ISCO in connection with this application is to the best of my knowledge and belief correct and genuine. I accept and acknowledge that ISCO, its directors, employees and agents, take no responsibility for and accept no liability in connection with the accuracy and completeness of such information and documents.

In discharging my professional duties, I accept responsibility for all acts and omissions, including negligent acts and omissions, and the consequences of those acts and omissions, of myself, any persons or organisations under my control or supervision and any persons or organisations that I subcontract.

I shall take all reasonable steps to ensure that persons under my control or supervision, or that I subcontract are competent, sufficiently qualified and suitable to carry out the work assigned to them to a high standard. I will also ensure that these persons or organisations accept responsibility for their acts and omissions, including negligent acts and omissions, on the same terms as I do in this Declaration.

I accept full liability for and agree to fully and effectively indemnify ISCO, its directors, employees and agents, to the maximum extent permitted by applicable law, against all liability, loss, claim or cost of any proceedings (including legal fees) they incur arising out of or in connection with any services which I provide to any third party.

Signature: _____ Date: _____

8. MEMBERSHIP AND PAYMENT DETAILS (2014)

Assessment Fee	Student Member	Associate Member	Member	Fellow
Once only payment	Free	£110 / US\$165/ €140	£110 / US\$165/ €140	£110 / US\$165/ €140
Annual Subscription		Associate	Member	Fellow
Annual payment *	£35 / US\$55 / €45	£85 / US\$130 / €110	£140 / US\$210 / €175	£165 / US\$250 / €210

Note: US\$ and € rates are approximations based on £1= \$1.5 or € 1,25 and given for guidance only. If making payment online the £ rates will be automatically debited in your own currency using current exchange rates. For reference a currency converter can be found at <http://www.xe.com/currencyconverter> Rates are correct at time of printing. To check current rates, please visit the ISCO website.

* Annual subscriptions will be discounted by 5% if member pays by Direct Debit or Bank Standing Order. Upon request a Direct Debit form or Bank Standing Order Mandate will be sent to you for completion and submission to your bank.

In many countries you can now pay your assessment fee and subscription electronically. Go to the ISCO web site at www.spillcontrol.org Click on MEMBERSHIP then SUBSCRIPTIONS. Select the relevant amount in GB pounds. Your account will be debited with the corresponding amount in your own currency. The automated payment system will accept the following payment cards – VISA / DELTA / ELECTRON, MASTER CARD / EUROCARD, AMERICAN EXPRESS, SWITCH / MAESTRO, SOLO.

If you have a UK Sterling or US\$ or Euro Bank Account, you may pay by sending a cheque payable to International Spill Control Organisation to ISCO Secretariat, Balbithan House, Kintore, Inverurie AB51 0UQ Scotland, UK. You may also pay by bank transfer of funds – for details please send Email to info@spillcontrol.org

9. ACCESS TO RESTRICTED “MEMBERS ONLY” AREA OF THE ISCO WEBSITE

Members in good standing (subscription up-to-date) will be allocated a user name and password for access to the Members Only area.

You may choose your own username and password by indicating your preferences below. Note that user name and password are case sensitive.

Preferred User name	Preferred Password

10. IMPORTANT

The completed form and supporting documents must be submitted by post. Before posting, please double check that all sections have been completed and that all the required documents are enclosed.

Do not attempt to submit your application and supporting documents by email. Sections 7 (Declaration) and 4 (Statement by Referee) need to be personally signed by you and your referee respectively. Your referee should also verify the entries made by yourself in Sections 5 and 6 and initial if correct.

These requirements are part of the precautions taken to protect the value and international respect accorded to ISCO awards of Professional Recognition by preventing fraudulent applications.

For submission of documents, the postal address is –

ISCO Secretariat,
Balbithan House,
Kintore,
Inverurie,
Aberdeenshire AB51 0UQ
UK.

11. ISCO NEWSLETTER

All members in good standing are entitled to receive the weekly ISCO Newsletter at no cost. Please be sure to advise any change in your email address.

12. OTHER INFORMATION

Note that your application will not be considered by the Membership Committee until the Assessment Fee has been received.

Applicants should be aware that the quality of the application will form part of the assessment and consideration.

Applicants are invited to include a statement on how they might further the activities of ISCO and help fulfil the organizations aims and objectives.