

Society of Light and Lighting

Application for membership



The Society of
Light and Lighting

Associate Member (AMSLL)

1 Personal details

Surname: _____ First name(s): _____

Title: _____ Date of birth: _____ Employer: _____

Private address

Business address

(please give both and tick whichever is the preferred contact address)

_____ Company name: _____

_____ Address: _____

_____ Postcode: _____

Tel: _____ Tel: _____

e-mail: _____ e-mail: _____

Data Protection

We will use your information to keep you up to date with news and developments in the industry.

We will not sell lists of our members but may pass your details on to CIBSE regions acting on CIBSE's behalf as well as third parties who work with CIBSE closely. If you do not wish to receive mailings or emails from CIBSE, please opt out below:

I do not wish to receive mailings from CIBSE.

I do not wish to receive emails from CIBSE.

I do not wish to receive mailings (including emails) from third parties approved by CIBSE relating to products and services that are relevant to my membership.

See [more information on CIBSE Data Protection](#).

2 Academic and professional qualifications

Please state **ALL** academic and professional qualifications. Also please give **DETAILS** of any qualifications in LIGHT AND LIGHTING or other subjects which include light and lighting.

University or college or other body	Full title of qualification gained including subject area and details of any lighting content	Date course commenced	Course duration	Year qualification obtained/ expected	Initials of verifier

The proposer should sign to verify that he/she has seen the original certificate for the qualification listed.
Please provide copies of certificates where possible.

3 Employment and experience details

Employer	Job title and work undertaken; personal responsibility and 'hands-on' role in LIGHT AND LIGHTING (you may wish to put greater emphasis on recent experience).	Start and end dates	Percentage of work in Light and Lighting

The information provided above will assist the SLL Membership Committee in considering your application.

4 Proposer

Please have this section completed by a proposer who knows your background and recent work and can validate your experience listed above. Such a proposer should preferably be an employer or a corporate member of a relevant professional institution, and who is willing to provide supplementary evidence to the SLL Membership Committee if required.

Signature: _____

Name: _____ Organisation: _____

Address: _____

_____ Postal Code: _____

Tel: _____ e-mail: _____

Relationship to applicant (eg employer, SLL member): _____

5 Declaration

I certify that the information herein is correct. I agree that, in the event of my election to any class of membership of the Society of Light and Lighting, I agree to abide by the [CIBSE Code of Professional Conduct](#), and will do all in my power to advance the objects of the Society; provided that whenever I shall signify in writing to the Secretary of the Society that I wish to withdraw from the Society, I shall, after payment of any arrears which may be due by me at that period, be free from this obligation. I understand that in becoming a member in any class of the Society I shall also become, if not already, an [Affiliate](#) member of the Chartered Institution of Building Services Engineers and shall be required to abide by the relevant provisions of the Royal Charter, Bylaws and [Code of Conduct](#) of that body; and if for any reason my membership of the Institution is terminated then so will my membership of the Society.

Signature of applicant: _____ Date: _____

6 Involvement in the work of the Society

The Society relies greatly on the voluntary efforts of its members to run its affairs which are handled largely through a series of committees. If you feel that you may be able to help with publication drafting, serving on a committee or in other ways, please indicate with a tick in the space below and we will put you in touch with the relevant committee.

Education and Training	<input type="checkbox"/>	Events	<input type="checkbox"/>
Technical and Publications	<input type="checkbox"/>	Marketing & Communications	<input type="checkbox"/>
Other (please email SLL)			

7 Subscriptions

If your SLL membership application is successful, your subscription invoice will be sent to you for payment. Once your invoice is paid, you will receive your [SLL](#), benefits.

Information on current SLL [membership subscription costs](#).