

# Membership Application Form (University/College)

All questions to be answered and printed in ink and in block capitals.

1. Which type of Membership are you applying for? Student

CISI Candidate/Membership number (if applicable) \_\_\_\_\_

(Details of these and all admission criteria can be found on our website [cisi.org/membership](http://cisi.org/membership))

CISI Manual Student Generic ©2014

<p><b>2. Personal details</b></p> <p>Title _____</p> <p>First name(s) _____</p> <p>Surname _____</p> <p>Private address _____</p> <p>_____</p> <p style="text-align: right;">Postcode _____</p> <p>Tel. _____ Mobile _____</p> <p>Email _____</p> <p>Date of birth _____</p> <p>Nationality _____</p> <p>Former name(s) if any _____</p>	<p><b>3. University/college details</b></p> <p>Name _____</p> <p>Qualification title _____</p> <p>Address _____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">Postcode _____</p> <p>Programme start date (mth/yr) _____</p> <p>Programme end date (mth/yr) _____</p> <p>Graduation date (mth/yr) _____</p>
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4. Qualifications (please give details)	Achieved	Being studied	Training Provider
a) CISI Qualifications			
b) Other Professional Qualifications *			
c) Highest Academic Qualification			

\* if applicable please attach a certified copy of the pass certificates

**5. Contact information** (tick one)

Correspondence to be delivered to:  University/college  Home

Address to appear in Members directory:  University/college  Home  None

Who will pay annual subscription?  University/college  Self

If university/college, please provide the following information:

University/college dept: \_\_\_\_\_ Contact name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_ Cost centre: \_\_\_\_\_

\_\_\_\_\_

**6. Declaration**

- I have not been adjudged bankrupt or insolvent or compounded with my creditors and I am not currently or have been subject to disciplinary procedures by the FSA/FCA, other regulator or any professional body within the past five years.
- I apply to become a member of the Chartered Institute for Securities & Investment and agree to abide by **the Royal Charter, Bye-laws, Regulations**, and to uphold its high standards as published in its **Professional Code** (all available from website). Any breach of the Regulations may give rise to disciplinary procedures and termination of my membership
- I agree to maintain competence through CPD as outlined in Annex 3 of the Membership Regulations
- I know of no reason why I should not become a member

Signature: \_\_\_\_\_

Name in full: \_\_\_\_\_

**7. Payment** (Please complete as appropriate)

The annual subscription for Student membership is £55. There is no joining fee. The subscription is payable at the time of application. **Thereafter, subscriptions are due annually on 1st April**, and may be paid by direct debit (see below). Please note that all students who join between January and March will be covered for the following year's subscription.

Receipt required

**Payment by university/college:**

I authorise payment for membership to be invoiced to our general account:

Print name: \_\_\_\_\_

Signed: \_\_\_\_\_ HR department

**Payment by cheque:**

Cheques should be made payable to:

'Chartered Institute for Securities & Investment Ltd' and crossed 'Account Payee only'.

Cheque attached

**Payment by Card:**

I wish to pay by: \***American Express/Delta/Eurocard/MasterCard/Switch/Visa** \*Delete as applicable

I authorise you to debit my account with the amount of  £55

Card number:

Debit/AMEX issue date:     Security code:     \* Start date:     Expiry date:     Visa

*\* If you do not wish to send your credit card information via the post, please contact our Customer Support Centre - Telephone +44 20 7645 0777*

Card holder's name: (if different to that in Section 2 of this form) \_\_\_\_\_

Signature: \_\_\_\_\_

Chartered Institute for Securities & Investment would like to keep you informed of products and services that may be of interest. If you do not wish to receive this information, please tick this box:

**For office use only**

Date received: \_\_\_\_\_

Membership No: \_\_\_\_\_

Date processed: \_\_\_\_\_

Membership Official Initials: \_\_\_\_\_

Notes: \_\_\_\_\_

**Please complete and return:**

Customer Support Centre, Chartered Institute for Securities & Investment, 8 Eastcheap, London EC3M 1AE

**Any questions?** customersupport@cisi.org / +44 (0)20 7645 0777