



## Assessed Membership Grade Application

Having read the criteria and guidance, I wish to apply for the following grade:

- Member
- Chartered Member
- Chartered Fellow
- I am an existing member of the Institute and would like to upgrade

Membership No:

Mr/Mrs/Miss/Ms/other:

Date of Birth

First Name(s):

Middle Name(s):

Surname:

Preferred first name for certificate (if different from first name):

Home Address:

Post code:

Country:

Telephone:

Mobile:

E-mail (required):

Company Name:

Address:

Post Code:

Country

Telephone

Direct Line:

E-mail (required):

Current Job Title:

Date Appointed:

Total number of years in Logistics and or Transport:

Number of years in a Senior Position:

Institute postal correspondence to  
be sent to

Institute e-mail correspondence to  
be sent to

Please complete and return this form to [admin@ciltsl.com](mailto:admin@ciltsl.com)