**AACI Membership Application Form**

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| **Name** |  |
| **Email and Phone** |  |
| **AACI Membership Grade applied for** | Full Member |
| Associate Member |
| Academic Affiliate |
| Affiliate |
| Student Member |
| **Acoustic Qualification**  **(including current acoustic studies in case of Student Membership application** |  |
| **Years Experience**  **(Where Relevant)** |  |
| **IoA Membership Grade**  **(for Full Membership application)** |  |
| **IoA Membership Number**  **(for Full Membership application)** |  |
| ***For Full Membership: Please submit 3 technical reports / anonymised studies or research you authored as part of the membership application*** | |
| **Primary Area of Acoustic Interest** |  |
| **Nominators within AACI**  **(Two for Full Membership applications)** |  |
| **Have you reviewed and agree with the AACI New Membership Charter** |  |
| **Reason for Seeking Membership with AACI** |  |
| **Signed** |  |
| **Dated** |  |

*Please submit your application form by emailing it to your AACI Nominator*