**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*