



## AACI Membership Application Form

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

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