



**AUSTRALIAN INSTITUTE OF EMERGENCY SERVICES**

**Application for Advancement in Status from Member to that of Fellow**

TO: THE COMPANY SECRETARY

I

(Name in Full, Surname First)

Of

(Current Residential Address)

Date of Birth

hereby apply for advancement to Fellow of the Institute.

I was admitted as a member of the Institute on

(dd/mm/yy)

1. I have been employed as follows:

<b>* From</b>	<b>* To</b>	<b>* Appointment / Position – Duties / Responsibilities</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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2. Other activities that I have undertaken to further the Profession include:

3. I submit the following names of members of the Institute who have known me personally for a period of three or more years and who will be prepared to confirm the above information and support my application (minimum 3).

Name 1		Email	
Phone		Address	
Name 2		Email	
Phone		Address	

6. Additional Comments:

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**Declaration:**

I declare the above to be true and hereby agree to be bound by the Constitution, Rules and Code of Conduct of the Institute. I submit that I comply with the requirements of Rule 10.1.1 and Rule 10.9 of the AIES RULES for advancement in status of Fellow. I further declare that I have served the emergency service profession with distinction and credit, have achieved a reputation for responsibility and competence as an emergency officer and that I comply with the requirements for appointment to the status of Fellow.

Signed at

in the State of

This

Day of

20

Signature of Applicant

Witness

*Please email this completed form to:  
The Membership Registrar – [membership@aies.net.au](mailto:membership@aies.net.au)*

**For Office Use**

Application recommended [circle]:

Fee Received: [Y] / [N]

Receipt No:

Divisional Registrar Name:

Entered in Member Register: [Y] / [N]