## InstMC Member / Associate Application Signature Page



	LINE MANAGER'S ENDORSEMENT
	I support this application for Membership of the Institute of Measurement and Control (MInstMC)/ Associate Membership of the Institute.
	Name: (BLOCK Capitals, please):
	Signature:
	Initials:
	Date: E-mail contact:
ſ	
	SECTION E APPLICANT'S COMMITMENT
	(1) If/when elected I will comply with the Royal Charter and Bye-laws of the Institute and will do my best to advance the aims and objectives of the Institute and to support my Local Section.
	(2) I declare that all statements on this form are true.
	Signature: Date: