



INSTITUTE OF CONSTRUCTION CLAIMS PRACTITIONERS

Member Application Form

Please complete this form and return a copy with your membership application.
Please feel free to include any additional information which may support your application.

Name:	
Address:	
Telephone:	
Email (please provide a personal rather than a work email address):	
Membership level applied for (Student or Graduate):	
Post school academic qualifications (graduate applicants only, please attach certificates):	
Courses completed relating to claims (graduate applicants only, please attach certificates):	
Current job title (graduate applicants only):	
Current company (graduate applicants only):	
Company type (graduate applicants only, e.g. contractor, consultant, sub-contractor, etc):	
Number of years worked in construction industry (graduate applicants only):	
How did you hear about the ICCP?	



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Before submitting your membership application please review the checklist below and ensure that you have included everything that is required.

Item	✓
Application Form	
Proof of enrolment on full-time degree relating to construction (student applicants only)	
Proof of graduation from full-time degree relating to construction (graduate applicants only)	
Proof of payment	

Applicant's signature:	
Date:	

- Please deselect this box if you do not wish to receive news and updates from the ICCP.
- Please select this box to confirm that, if your application is successful, you agree to uphold and act in accordance with the **ICCP Code of Ethics**.