



Qualified Membership Application Form 2008-2009

Section A – Personal details (Please complete all sections in BLOCK CAPITALS)

GRADE OF MEMBERSHIP – Please tick grade applying for

MEMBER

GRADUATE

CERTIFICANT

Membership Number:

Date of birth:

(day/month/year)

Mr Mrs Miss Ms Dr Prof (Please select)

Surname:

Forenames:

Work

Position:

Company name:

Business Address:

Town:

County/state

Postcode

Telephone: :

Fax:

Email:

Home: Address:

Town:

County/state

Postcode

Telephone:

Fax:

Mobile :

Email:

Tick postal address to be used for correspondence Business Home

Tick email address to be used for correspondence Business Home

Section B – Educational and professional experience

Subject and qualification	University/College/Institution	Grade/subjects passed and level	Date awarded

PLEASE LIST YOUR PROFESSIONAL QUALIFICATIONS (eg BSc, MSc, ACII)

Would you be willing to ...

...Serve on the following committees/project teams?

Education Membership Marketing

International Development Annual Risk Forum InfoRM

...Set up a Special Interest Group (SIG)?

If so please state your area of interest

...Speak at IRM events/Lead workshops? ...Write articles for the InfoRM magazine

PLEASE LIST YOUR AREAS OF EXPERTISE IN THE BOXES BELOW
(eg insurance, health and safety, loss adjusting)

1.	2.
3.	4.
5.	6.

FOR OFFICE USE ONLY

Application received	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Invoice sent	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Fees processed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Applicant approved	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Membership number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Processed by	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Risk Management Related Experience (attach CV or additional sheets if necessary)

Where did you hear about the IRM?

- | | | |
|---|--|--|
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Email alert from IRM | <input type="checkbox"/> Email alert from another organisation |
| <input type="checkbox"/> InfoRM magazine | <input type="checkbox"/> Saw an ad in a magazine | <input type="checkbox"/> Risk Forum Flyer |
| <input type="checkbox"/> Search engine | <input type="checkbox"/> IRM website | <input type="checkbox"/> Other website |
| <input type="checkbox"/> Other – please specify | <input type="text"/> | |

Section C – Declarations

DATA PROTECTION AND PRIVACY

IRM holds your personal data on its computer database and will from time to time send your information on IRM events and services. IRM is registered under the Data protection Act 1998 and will process your data fairly.

InfoRM magazine email supplement

- If you **WISH** to receive the email supplement to this magazine, please tick here (YES)

InfoRM magazine

- If you do **NOT** wish to receive this publication by post, please tick here (NO)

Risk Management Journals

IRM will pass your details onto industry journals such as Strategic Risk Magazine, CIR Magazine and Business Insurance Europe for the purpose of giving you a free subscription to their publications. Your details will not be used for any other purpose.

- If you do **NOT** want this free membership benefit, please tick here (NO)

Third party

From time to time IRM may wish to pass your details to third parties in order for them to provide you with information on products and services which are likely to be of interest.

- If you do **NOT** wish your data to be used in this way, please tick here (NO)

Membership

I hereby apply for admission to membership of the Institute of Risk management and I agree, if admitted, to abide by its Memorandum and Articles of Association and Members' code of Conduct. The Information given in this application is true and complete to the best of my knowledge and belief.

Signature

Date

Section D – Fees payable

Please select the appropriate joining/election fee and add this to the relevant subscription
(refer to the notes on the next page for details).

Subscription Breakdown

Category of Membership	STANDARD RATE							
	Joining fee	Election fee	SUBSCRIPTION: FOR APPLICANTS JOINING BETWEEN:					
			1 July 08 - 31 Jan 09	1 Feb 09 - 28 Feb 09	1 Mar 09 - 31 Mar 09	1 Apr 09 - 30 Apr 09	1 May 09 - 31 May 09	1 June 09 - 30 June 09
Certificant	n/a	n/a	£113	£160.08	£150.66	£141.25	£131.83	£122.42
Graduate	£80	n/a	£118	£167.17	£157.33	£147.50	£137.67	£128.83
Member	£80	n/a	£141	£199.75	£188	£176.25	£164.50	£152.75

Category of Membership	LOW GPD RATE							
	Joining fee	Election fee	SUBSCRIPTION: FOR APPLICANTS JOINING BETWEEN:					
			1 July 08 - 31 Jan 09	1 Feb 09 - 28 Feb 09	1 Mar 09 - 31 Mar 09	1 Apr 09 - 30 Apr 09	1 May 09 - 31 May 09	1 June 09 - 30 June 09
Certificant	n/a	n/a	£96	£136	£128	£120	£112	£104
Graduate	£68	n/a	£100	£142.66	£133.33	£124.99	£116.66	£108.33
Member	£68	n/a	£120	£170	£160	£150	£140	£130

Notes

Subscription Year

The subscription year runs from 1 July until 30 June of the following year.

Advance payments

These apply only to candidates joining between 1 Feb 2009 and 30 June 2009 and take the subscription up to **30 June 2010**. Thereafter those members will be required to renew their subscription on an annual basis.

2008 Risk Forum

Non-members who have paid to attend the whole of the Risk Forum may apply to become an Affiliate for one-year free-of-charge. (The joining fee and the membership subscription do not apply).

Upgrade of membership eg student to Member

If you are changing from one category of membership to another you only need to pay the balance of the subscription between the old and the new grade in addition to the above election/joining fee.

Section E – Method of payment

FEES BREAKDOWN

Election/joining fee	<input type="text"/>
Subscription	<input type="text"/>
Total	<input type="text"/>

Please tick method of payment

- Personal cash/cheque Company cash/cheque
 Personal credit/debit card Company credit/debit card
 BACS – *please ensure your last name, initials and membership number are used as a reference*

IRM Bank details:

Bank Name: Lloyds TSB
Account Number: 00748112
Sort Code: 30-93-23
Branch: Fenchurch Street Branch
Account Holder's Name: Institute of Risk Management
Swift Code: LOYFGB21009
IBAN NO: GB46LOYD30932300748112

Please tick if you require an invoice or receipt

- Invoice required Receipt required

Invoice name and address if different from correspondence details

Credit/debit card payment form

Please note that the credit/debit card payments can only be made once we are in possession of this completed form. We are only able to accept cards issued under the **Visa** or **MasterCard** logo

Cardholder's name

Cardholder's name as it appears on the card

Card Number

Expiry date Security code Debit My Account For :

Cardholder's signature Date

The Institute of Risk Management
6 Lloyd's Avenue
London EC3N 3AX

Tel: 020 7709 9808
Fax: 020 7709 0716

