



# International Professional Managers Association

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## APPLICATION FOR MEMBERSHIP

Name in Full (please underline surname)

Postal Address

Date of Birth

Telephone

Fax

Membership Required

Fellow

Member

Associate

Licentiate

Graduate

Student

IPMA Program Registered (if any):

**Educational Qualifications** (attach photocopies of your qualifications to support your application - DO NOT attach originals)

Date	Qualification Attained	Grades Awarded

**Work Experience** (attach documentary evidence of your current employment where applicable)

Date	Company Name	Job Responsibilities

I certify that if my application is accepted for membership I agree to abide by all the rules and regulations of the Association.  
I enclose £ ----- in payment of registration, membership and exemption fees.

Signature

Date

Please attach a passport sized photograph with your application