

Membership Application Form



1. Applicant Information
2. Education
3. Current Membership of Other Professional Institutes
4. a) Relevant Place Management posts
b) Current Job Description
5. Personal Statement
6. Professional Entry Competencies
7. Corroboration of Applicant's Competencies
8. Payments
9. Applicant's Declaration
10. Equal Opportunities Monitoring

1. APPLICANT INFORMATION

Name:

(Title)

(Forename)

(Surname: indicate any former name in brackets)

Address:

Email:

Postcode:

Contact telephone number:

Age:

Date of Birth:

Your personal details will not be shared with any other third party but if you wish your address to be excluded from any IPM direct mailing, please tick here

2. EDUCATION

Please tell us your highest level of educational attainment:

Degree/Class/Title	University	Start date	Completion date	Postgraduate/Undergraduate
	(month & year)	(month & year)	Full-time/Part-time	

Other:

3. CURRENT MEMBERSHIP OF OTHER PROFESSIONAL INSTITUTIONS

5. PERSONAL STATEMENT DETAILING IMPACT UPON PLACE MANAGEMENT INDUSTRY OR SPECIFIC PLACES (FOR FELLOW APPLICANTS ONLY)

6. PROFESSIONAL ENTRY COMPETENCIES

7. CORROBORATION OF APPLICANT'S PROFESSIONAL ENTRY COMPETENCIES

I have read and understood the requirements for applicants wishing to apply for membership through the professional entry route (In the accompanying guidance notes) and certify that the evidence and candidate's statement relating to the personal competencies) which I have countersigned in the Section 9 submitted by _____ is a true and fair description.

1. Name and qualifications in BLOCK LETTERS

Capacity in which applicant is known to you

Address and telephone number

Signed

Dated

2. Name and qualifications in BLOCK LETTERS

Capacity in which applicant is known to you

Address and telephone number

Signed

Dated

8. PAYMENT

Your IPM Application assessment fee can be paid by cheque or online. Please be mindful of recommended payment methods (see Guidance Notes). Please select the method you wish to use below.

If you have any queries please contact the IPM on +44 (0)161 247 6041.

- I enclose a cheque for £90 payable to IPM Accounts Ltd.
- I wish to pay online (please proceed to the IPM Membership Payments section (New Applicant) at www.placemanagement.org).

Please note that this payment does not include your IPM Annual Membership fee as this is subject to membership election by the IPM Board. Membership Assessment fees are non-refundable.

9. APPLICANT'S DECLARATION

(name in full)

If you wish to be elected as a Member of Institute of Place Management and will take an oath to abide by the Institute's Code of Conduct. Upon acceptance into the Institute, I understand that I am liable for membership fees and will pay the appropriate fee upon request.

The information I have given in this form is a full and accurate description and I consent to any of the individuals or institutions detailed in this form being contacted for the purposes of corroboration.

Signature: _____ Date: _____

When completed, please send form and attachments to:

Professor Cathy Parker, Institute of Place Management, Manchester Metropolitan University Business School, All Saints, Oxford Road, M15 6BH or c.parker@mmu.ac.uk

10. EQUAL OPPORTUNITIES MONITORING

The following information is for monitoring purposes only.

Please tick the box that best describes your Ethnic Origin:

Ethnic Origin:

<input type="checkbox"/> White	<input type="checkbox"/> Mixed (white & black Caribbean)	<input type="checkbox"/> Black-Caribbean
<input type="checkbox"/> Indian	<input type="checkbox"/> Mixed (white & black African)	<input type="checkbox"/> Black-African
<input type="checkbox"/> Black-other	<input type="checkbox"/> Mixed (white & Asian)	<input type="checkbox"/> Indian
<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Mixed (other)
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say

Nationality: What nationality are you?

Sex: Male Female

Disability: Do you suffer from any disability?

Yes No Prefer not to say: