CONFIDENTIAL



## THE INSTITUTE OF MANUFACTURING

#### incorporating Professional Manufacturing, Modern Technology, Computers and Systems

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# **APPLICATION FOR MEMBERSHIP**

Please print out and complete this Application Form and send with the appropriate fee, passport-sized photograph of yourself and copies of supporting Certificates/Diplomas and qualifications to the address given above. If the application is unsuccessful the fee will be refunded.

Please study the Membership Details and apply for the grade in which you can prove your knowledge, skill, experience and competence.

I wish to apply for (please tick as appropriate):

Comp.I.Manf. (Dip.I.Manf)	£80.00		Companion	
F.I.Manf. (Dip.I.Manf)	£65.00		Fellow	
M.I.Manf. (Dip.I.Manf)	£60.00		Full Member	
A.M.I.Manf. (Dip.I.Manf)	£55.00		Associate Member	
Stud.I.Manf. (Cert.I.Manf)	£30.00		Student Member	
Please use block capitals in all sections.				
Name:				
Mr/Mrs/Miss/Other ( <i>please state</i> )		Natioi	nality:	
Date of Birth:		Age: .		
Professional and Academic Qualifications:				
Current Position:		Date	Appointed:	
Business Name:				
Private Address:				
(Please tick the appropriate box for correspondence address.)				
Home Tel No:	Bu	siness Tel No:		
Home Fax No:	Bus	siness Fax No:		
Email Address:				

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## DETAILS OF COMPETENCE AND ACHIEVEMENT

Education:
<b>Note:</b> A photograph of yourself and Photostat copies of all Certificates/Diplomas and Qualifications are required. (These will not be returned.) In some cases sight of the original document may be requested.
Previous positions and duties:
Please state departments and number of staff for whom you are responsible in your current position:
Other relevant information (please use extra sheets if necessary):
How did you know of IManf? ( <i>Please tick appropriate box</i> ) Advertisement Recommendation
Other ( <i>please state</i> ):

#### **REFEREE DETAILS**

Please give the name and address of one person who is willing to act as your referee. This may be an IManf member, director, immediate manager, supervisor, principal, superior, partner or officer, or other responsible person who can substantiate your ability and confirm the particulars given on this form. Referees may be contacted by the Membership Committee. Your referee must sign the Declaration.

Full Name of Referee:	
Address:	
Tel No:	. Email Address:
	DECLARATION OF REFEREE

### I hereby declare that to the best of my knowledge and belief the information set out on this form is accurate and true.

Signed: ...... Date: ...... Date: .....

### **DECLARATION OF APPLICANT**

I agree that irrespective of the grade for which I have applied I will accept the grade of membership considered appropriate and awarded me by the Membership Committee. Should I be elected and a Membership Certificate or Diploma be issued to me, I understand that it remains the property of IManf and that I must return it to the Institute upon cessation of membership. I agree to adhere to the Institute Members' Code of Conduct and Membership Regulations. I submit my application for membership and declare that all the information given on this form is accurate and true.

Please allow 28 days for the process of your application.

#### The options for sending the fees are as follows:

Bankers Draft made payable to The Institute of Manufacturing (IManf) and sent by postal mail.

Bank Transfer using the details below:

Bank: NatWestBranch: Royal Leamington SpaSort Code: 60-12-35Account Name: IMS Ltd Trading as Industrial Manufacturing ManagementAccount Number: 62953486IBAN: GB08 NWBK 6012 3562 9534 86Swift (BIC) Code: NWBK GB 2L

PayPal to: info@instituteofmanufactoring.org.uk

MoneyGram and Western Union Money Transfer – please contact the IManf for details.

#### FOR OFFICE USE ONLY

Date Fee Received: ...... Amount: ...... Account No: ..... Grade Awarded: .....

Date of Election: ...... Registration No: ..... Date Cert/Dip sent: .....

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