

APPLICATION

# Individual Membership

To understand how your data will be used and your rights relating to it, please see our privacy policy which can be found at [iwfm.org.uk/privacy](http://iwfm.org.uk/privacy)

Forname

Surname

Date of birth

I would like to apply for:

Affiliate  Associate  Member  Certified

I qualify for a concession:

Retired  Unemployed

## Contact details (please complete both and tick the one you would like communication directed to)

Home address

Telephone

Mobile

Email

Business address

Telephone

Mobile

Email

**Electronic communications** As part of your membership, you give consent to be sent electronic communications from us on the understanding that you can unsubscribe from email communications at any given time. Where do you wish to receive this information? Tick one only.

Home  Business

## How did you hear about us?

- |                                   |                          |                        |                          |                     |                          |
|-----------------------------------|--------------------------|------------------------|--------------------------|---------------------|--------------------------|
| Advertisement                     | <input type="checkbox"/> | Employer               | <input type="checkbox"/> | Promo Codes used in | <input type="checkbox"/> |
| Academy Course                    | <input type="checkbox"/> | Exhibition             | <input type="checkbox"/> | Application Offers  | <input type="checkbox"/> |
| Head Office                       | <input type="checkbox"/> | Facilitate             | <input type="checkbox"/> | Referral            | <input type="checkbox"/> |
| Qualification (Through Institute) | <input type="checkbox"/> | Member Get Member      | <input type="checkbox"/> | Rejoin              | <input type="checkbox"/> |
| Email campaign                    | <input type="checkbox"/> | Networking / CPD Event | <input type="checkbox"/> | Social Media        | <input type="checkbox"/> |
|                                   |                          |                        |                          | Website             | <input type="checkbox"/> |

## What are your reasons for joining IWFM?

- |                    |                          |                                   |                          |                            |                          |
|--------------------|--------------------------|-----------------------------------|--------------------------|----------------------------|--------------------------|
| Career Progression | <input type="checkbox"/> | Information and Knowledge         | <input type="checkbox"/> | Professional Development   | <input type="checkbox"/> |
| Change in Career   | <input type="checkbox"/> | Qualification (Through Institute) | <input type="checkbox"/> | Raise Profile within FM    | <input type="checkbox"/> |
| Discounts          | <input type="checkbox"/> | Institute Staff Member            | <input type="checkbox"/> | Recognition / Postnominals | <input type="checkbox"/> |
| Facilitate         | <input type="checkbox"/> | Membership Benefits               | <input type="checkbox"/> | Rejoined                   | <input type="checkbox"/> |
| Industry Awareness | <input type="checkbox"/> | Networking                        | <input type="checkbox"/> | Upskilling                 | <input type="checkbox"/> |

## Declaration

I hereby apply for admission to IWFM. If admitted, I undertake to accept and abide by the institute's Code of Conduct ([www.iwfm.org.uk/code](http://www.iwfm.org.uk/code)) and endeavour

to advance the work of IWFM. I certify that the information given on this form is true and correct as detailed above.

Name

Signature

Date of Application

## Payment method (Please indicate your chosen method of payment)

**Credit or Debit card**

Please call the team on +44 (0)1279 712 650, or email [membership@iwfm.org.uk](mailto:membership@iwfm.org.uk) to request a card payment form)

**Direct Debit**

Please fill in a direct debit mandate which can be found on the website

**Cheque**

Please make cheques payable to "IWFM"

IWFM requires full payment prior to assessment and processing of applications. Any applications received without payment will not be assessed or processed until full payment is made via any of the above methods.

Please send your completed form to the address shown at the end of this document

# Individual Membership



Please choose the relevant route for your application and tick to ensure that you have endorsed the relevant supporting documentation and payment. For further

information on route entry requirements, please go to [iwfm.org.uk/membership](http://iwfm.org.uk/membership)

## Affiliate

There is no requirement to supply any supporting materials for this grade of membership

## Associate (AIWFM)

- |   |  |  |  |
|---|--|--|--|
| <b>A</b> Experiential Route<br>i. CV<br>ii. AIWFM declaration | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <b>B</b> Qualified Route<br>i. CV<br>ii. Qualification certificate<br>(original or certified copy)<br>iii. AIWFM declaration | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
|---|--|--|--|

## Member (MIWFM)

- |   |  |   |  |
|---|--|---|--|
| <b>A</b> Qualified Route<br>i. Job description<br>ii. CV<br>iii. Qualification certificate<br>iv. MIWFM declaration | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <b>B</b> Experiential Route<br>i. Job description<br>ii. CV<br>iii. MIWFM declaration | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
|---|--|---|--|

## Certified (CIWFM)

- |                                   |  |   |  |
|-----------------------------------|--|---|--|
| <b>A</b> Qualified Route<br>i. CV | <input type="checkbox"/><br><input type="checkbox"/> | <b>B</b> Qualified (NonIWFM) Route<br>i. Job description<br>ii. CV<br>iii. Qualification certificate<br>iv. CIWFM Declaration | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
|-----------------------------------|--|---|--|

## Membership fees

Grade	Assessment Fee*	Subscription Fee**	Total Fees
Affiliate	N/A	£159.00	£159.00
Associate (AIWFM)	£45.00	£185.00	£230.00
Member (MIWFM)	£89.00	£205.00	£294.00
Certified (CIWFM)	£89.00***	£255.00	£344.00
Concession	£49		

\* Assessment fees are inclusive of VAT at the prevailing rate, currently 20%

\*\* Subscription fees are tax deductible. Go to [www.iwfm.org.uk/taxdeduct](http://www.iwfm.org.uk/taxdeduct) for more information

\*\*\* Certified route A does not have an assessment fee

## Contact us

Any queries about the contents of the policy please contact:

**IWFM**

1st Floor South  
Charringtons House  
The Causeway  
Bishop's Stortford  
Hertfordshire CM23 2ER

[membership@iwfm.org.uk](mailto:membership@iwfm.org.uk)

+44 (0)1279 712 650