



Leading the risk profession

# Application for Retired Membership

Applications from 1 July 2011 to 30 June 2012

For office use only

Date received:

Ackn. date:

MRM:

Membership number:

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**PLEASE REFER TO THE GUIDANCE NOTES ON THE REVERSE OF THIS FORM BEFORE COMPLETING YOUR APPLICATION**

## 1 Section 1 – Personal details

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Other <input type="checkbox"/>										Membership number: <input style="width: 100%;" type="text"/>									
Family name: <input style="width: 90%;" type="text"/>										Home address: <input style="width: 90%; height: 40px;" type="text"/>									
First names: <input style="width: 90%;" type="text"/>																			
Date of birth:		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Town: <input style="width: 90%;" type="text"/>									
Email: <input style="width: 90%;" type="text"/>										County/State: <input style="width: 90%;" type="text"/>									
Mobile: <input style="width: 90%;" type="text"/>										Postcode: <input style="width: 90%;" type="text"/>									
Telephone: <input style="width: 90%;" type="text"/>										Country: <input style="width: 90%;" type="text"/>									

## 2 Section 2 – Fees payable

CURRENT MEMBERSHIP CATEGORY	RETIRED MEMBERSHIP SUBSCRIPTION COVERING THE PERIOD 01/07/2011 TO 30/06/2012
Fellow	£95
Member	£80
Certificant	£63
Specialist	£68
Affiliate	£49

## 3 Section 3 – Payment

I wish to make payment for the following fees:

Annual membership subscription		State amount to be paid
TOTAL		

Please select (a), (b), (c) or (d)

## (a) Bank transfer

Bank transfer - Please ensure that your name is quoted as a reference

IRM Bank transfer details

Bank name: Lloyds TSB

Sort code: 30-93-23

Account number: 00748112

Account holder's name: Institute of Risk Management

Branch: Fenchurch Street Branch

IBAN no: GB46LOYD30932300748112

Swift code: LOYDGB21009

## (b) Cheque

Cheque attached

Cheque to follow

## (c) Credit card

Payment by credit card

Please debit my Visa/Mastercard\* for:

Name of cardholder:

£

Card number:

















Valid from:





Expires:





\*Delete card which does not apply

Please note that we will need to contact you by telephone to obtain your three digit security number. Please provide a contact telephone number.

## (d) Invoice

Please tick (/) if you require an invoice to be sent to your employer. A copy will also be sent to you for your records.

Purchase Order Number

I declare that I have fully retired from active business life and would like to become a retired member of IRM. I understand that in renewing my membership I am agreeing to abide by IRM's Code of Conduct.

Signed \_\_\_\_\_ Date \_\_\_\_\_

THANK YOU FOR YOUR APPLICATION.

## APPLICATION GUIDANCE NOTES

All members who have retired from active business life may apply for retired membership.

IRM recognises that upon retirement members often resign or allow their membership to lapse which means that the IRM loses the benefit and experience of having people who are retired as members. IRM therefore aims to encourage long term continued involvement of its retired members by offering membership for a reduced annual fee.

As a retired member you will continue to retain access to all the benefits of IRM membership including the use of any IRM designatory letters.

Retired membership is only available to those members who are no longer in paid employment either full or part time. It is granted at the discretion of the IRM and may be withdrawn at any time. Decisions are final and are not subject to an appeals process.

Retired members are not required to re-apply for retired membership on an annual basis. A subscription notice for the retired rate will be sent automatically each year.

Should a retired member return to paid employment or undertake paid work of any nature, such as consultancy, training or writing, s/he must advise IRM of this change.

Retired rates cannot be granted retrospectively.

To apply for retired membership please complete and return this form by 30 September to:

Angela Barnes  
Membership Manager  
IRM  
6 Lloyd's Avenue  
London EC3N 3AX  
Tel: +44 (0)20 7709 9808  
Email: [renewals@theirm.org](mailto:renewals@theirm.org)