



Application for Conversion to Certificant Membership (CIRM)

Date received	
Ackn. date	
MRM	

SECTION 1 - PERSONAL DETAILS

Title Mr Mrs Ms Dr Prof Other

Surname

Forenames

Email Tel No

IRM Membership Number Date of Birth

SECTION 2 – QUALIFICATIONS (Please complete (A) or (B) below)

I am applying for Certificant membership on the basis that:

(A) I have completed the International Certificate in Risk Management

Date completed I attach a copy of my completion certificate

SECTION 3 – PAYMENT

Fee payable	£
Conversion Fee	£30

I wish to pay by the following method

Payment method - please tick(✓)

Personal cheque
 Company cheque
 Bank Transfer

Personal credit/debit card
 Company credit card (see overleaf)
 Please use your name as a reference

IRM Bank details:

Bank Name: Lloyds TSB
 Account Number: 00748112
 Branch: Fenchurch Street Branch
 Swift Code: LOYDGB21009

Sort Code: 30-93-23
 Account Holder's Name: Institute of Risk Management
 IBAN NO: GB46LOYD30932300748112

Please tick(✓) if you require Invoice Receipt

Name and address for invoice

Purchase order number

Credit Card Details

Please note we only accept Visa and Mastercard

Please debit my Visa/Mastercard* for £ _____

Card number: __ / __ / __ / __ / __ / __ / __ / __ / __ / __ / __ / __ / __ / __

Name of cardholder: _____

Signature: _____

Valid from: __ / __ Valid to: __ / __ Issue number: __ / __ Security code: __ / __ / __

*Delete card which does not apply

SECTION 4 – DECLARATION

I hereby apply for full membership of the Institute of Risk Management and certify that the information supplied on this form is correct. I understand that if my application is successful the IRM reserves the right to publish my name.

Signed: _____ **Date:** _____

Please send your completed application form to:

Student and Member Services
IRM
6 Lloyds Avenue
London,
EC3N 3AX
www.theirm.org

OR email it to: membership@theirm.org

We look forward to receiving your application form.