



Leading the risk profession

Application for Conversion to Full Membership (MIRM)

For office use only

Date received:	Ackn. date:	MRM:	Membership number:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 type="text"/>
Family name: <input type="text"/>		Home address: <input type="text"/>
First names: <input type="text"/>		Town: <input 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"/> <input type="text"/>	County/State: <input type="text"/>
Email: <input type="text"/>		Postcode: <input type="text"/>
Mobile: <input type="text"/>		Country: <input type="text"/>
Telephone: <input type="text"/>		

2 Section 2 – Qualifications and experience

International Diploma

Date of completion of the IRM International Diploma in Risk Management

RISK MANAGEMENT EXPERIENCE NAME OF EMPLOYER	DATES	JOB TITLE

Please submit with this form a copy of your Diploma completion certificate and a letter of confirmation from your employer which certifies that you have a minimum of three year's risk management experience.

3 Section 3 – Payment

I wish to make payment of the following fees:

Conversion fee	<input type="text" value="£30"/>
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4 Section 4 – Payment method

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

5 Section 5 – 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 confirm that I have successfully completed the IRM International Diploma and that I have a minimum of three year's practical risk management experience. I understand that if my application is successful IRM reserves the right to publish my name.

Signed _____

Date _____

SUBMISSION

When you have completed your application form please send it to:

Member and Student Services
The Institute of Risk Management
6 Lloyd's Avenue
London
EC3N 3AX

www.theirm.org

OR email it to: membership@theirm.org