



Leading the risk profession

Application for Group Affiliate 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 – Organisation details

Company name:	
Business address:	
Town:	County/State:
Email:	Postcode:
Telephone:	Country:

Industry sector Please tick (✓) one box only

Accountancy & Business Services	Food & Drink	Pharmaceuticals
Advertising, Media & PR	Gas/Electricity/Utilities	Property, inc. Social Housing
Broadcasting	Healthcare	Publishing
Central Government	Hospitality/Sports/Leisure	Other Public Sector
Construction	Human Resources/Recruitment	Retail & Wholesale
Consultancy	Information Technology	Risk Management Services Firm
Education/Training	Insurance	Telecommunications
Engineering	Legal Services	Tourism
Environmental & Waste Services	Local Government	Transport/Logistics/Shipping
Farming, Forestry & Rural	Manufacturing	Voluntary/Charity/Not-for-profit
Financial Services	Natural Resources/Gas/Oil/Mining	

Other – please state _____

2 Section 2 – Group administrator

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"/>	
Family name:	Address (if different from above):
First names:	Town:
Email:	County/State:
Mobile:	Postcode:
Telephone:	Country:

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Section 4 – Fees payable

FEES	£	PERIOD
Joining fee – per scheme	£200	
Annual subscription For each individual group member joining between 1 July 2011 and 31 December 2011	£73	Covers membership up to and including 30 June 2012
For each individual group member joining between 1 Jan 2012 and 31 March 2012	£37	Covers membership up to and including 30 June 2012
For each individual group member joining between 1 April 2012 and 30 June 2012	£93	Covers membership up to and including 30 June 2013

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Section 5 – Payment

Total fees to be paid

We wish to pay by the following method. Please tick (✓) one box only

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Section 6 – 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.

Purchase Order Number

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Section 7 – Data protection and privacy

The IRM will use the information gathered on this form together with other information for administration, marketing, processing orders and requests, and informing group members of IRM benefits and services, as appropriate. We may keep this information for a reasonable period and may disclose it to our service providers for these purposes. From time to time we may contact individual group members by email or post to let them know about IRM products and services which we believe will be of interest to them. Group members will be provided with an opportunity to opt out of these mailings. We will not however, pass this information to any third party organisations without having first obtained the permission of the individual group members.

It is the responsibility of the group administrator to ensure that each member of the scheme is clear about the data protection and private information given to the IRM.

Please tick this box if you do not wish to receive information about IRM's products and services.

IRM Events

Please tick this box if you do not wish your details to be distributed to other attendees at the same event you are attending.

Third Parties

On rare occasions IRM may wish to pass your details to third parties so they can provide you with information on products and services which are likely to be of interest.

Please tick this box if **you wish** to be included in these mailings.

Membership promotion information

Please tick (✓) to show where you heard about IRM.

Friend or colleague	<input type="checkbox"/>	IRM letter/flyer	<input type="checkbox"/>	IRM website	<input type="checkbox"/>	IRM conference/event	<input type="checkbox"/>
Internet search engine	<input type="checkbox"/>	Press article	<input type="checkbox"/>	IRM magazine (Risk Management Professional)	<input type="checkbox"/>	Careers advisor	<input type="checkbox"/>
Employer	<input type="checkbox"/>	Other Please specify	<input type="text"/>				

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Section 8 – Declaration

ADMISSION TO GROUP MEMBERSHIP

I hereby enrol the above individuals as Affiliate members of the Institute of Risk Management and certify that the information supplied on this form is correct. On behalf of the organisation, I declare that I will ensure that group members understand and fulfil their obligations with regard to the IRM's Code of Conduct

Signed _____ Date _____

On behalf of (Name of organisation) _____

THANK YOU FOR YOUR APPLICATION. WE LOOK FORWARD TO WELCOMING YOU TO THE GROUP SCHEME.