



**To add the details for more than 10 Affiliate members to be included in the Group Affiliate Scheme, please photocopy, complete and attach sheet to the application form.**

Title:

First name:

Last name:

Email address:

Title:

First name:

Last name:

Email address:

Title:

First name:

Last name:

Email address:

Title:

First name:

Last name:

Email address:

Title:

First name:

Last name:

Email address:

Title:

First name:

Last name:

Email address:

Title:

First name:

Last name:

Email address:

Title:

First name:

Last name:

Email address:

Title:

First name:

Last name:

Email address:

PLEASE LIST THE AREAS OF EXPERTISE FOR YOUR COMPANY OR ORGANISATION IN THE BOXES BELOW  
(eg insurance, health and safety, loss adjusting)

1.	2.
3.	4.
5.	6.

### Where did you hear about the Group Affiliate Scheme?

- Word of mouth       Email alert from IRM       Email alert from another organisation  
 IRM's magazine       Saw an ad in a magazine       Flyer for the IRM's conference  
 Search engine       IRM website       Other website  
 Other – please specify

## Section B – Declarations

### DATA PROTECTION AND PRIVACY

The following questions apply to the administration of the group. It is the responsibility of the main contact for the Scheme, to ensure each member of the Group is clear about the data-protection and private information provided to the IRM.

IRM holds your personal details on its database and will from time to time contact you with information on IRM events and services by mail, email, phone and/or fax.

If you do **NOT** wish to receive this information please tick  **(NO)**

#### IRM Events

If you do **NOT** wish your details to be distributed to other attendees at the same event you are attending please tick  **(NO)**

#### 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.

If you do **NOT** wish your details to be passed to third parties then please tick  **(NO)**

### Membership

As the main point of contact for this group, I take responsibility to ensure each member of the group is clear and agrees to the data-protection and private information provided to the IRM.

I hereby apply for admission to membership of the Institute of Risk Management and I agree, if admitted, to abide by its Memorandum and Articles of Association and Members' code of Conduct. The Information given in this application is true and complete to the best of my knowledge and belief.

Signature

Date

(day)

(month)

(year)

## Section C – Fees payable

### Subscription for applicants joining between:

	1 July 09 - 31 Dec 09	1 Jan 10 31 Jan 10	1 Feb 10 28 Feb 10	1 Mar 10 31 Mar 10	1 Apr 10 30 Apr 10	1 May 10 31 May 10	1 June 10 30 June 10
<b>Period covered by subscription</b>	12 months	18 months	17 months	16 months	15 months	14 months	13 months
<b>Cost per Affiliate</b>	£73	£109.50	£103.42	£97.33	£91.25	£85.17	£79.08
<b>Total for 10 Affiliates</b>	£730	£1095.00	£1034.20	£973.30	£912.50	£851.70	£790.80

#### Notes

1. The subscription for applicants joining between 1 July 2009 and 31 December 2009 covers the period from 1 July 2009 until 30 June 2010.
2. Applicants joining from 1 January 2010 until 30 June 2010 pay a pro-rata rate covering the remainder of the subscription year and a year in advance (up to 30 June 2011).

## Section D – Method of payment

### FEES BREAKDOWN

Number of Affiliates to be included in the Group	<input type="text"/>
Subscription per Affiliate	<input type="text"/>
<b>Total amount due</b>	<input type="text"/>

#### Please tick method of payment

- Personal cash/cheque
- Company cash/cheque
- Personal credit/debit card
- Company credit/debit card
- BACS - *please ensure the company name is used as as a reference*

**IRM Bank details:**

Bank Name:	Lloyds TSB
Account Number:	00748112
Sort Code:	30-93-23
Branch:	Fenchurch Street Branch
Account Holder's Name:	Institute of Risk Management
Swift Code:	LOYDGB21009
IBAN NO:	GB46LOYD30932300748112

#### Please tick if you require an invoice or receipt

- Invoice required
- Receipt required

The invoice name and address if the details differ to the applicant's:

## Credit/debit card payment form

Please note that the credit/debit card payments can only be made once we are in possession of this completed form. We are only able to accept cards issued under the **Visa** or **MasterCard** logo

Card number

Cardholder's name

Cardholder's name as it appears on the card

Expiry date      
(month) (year)

Security code

Debit my account for

Date        
(day) (month) (year)

Cardholder's signature