



CORPORATE MEMBERSHIP APPLICATION

Companies, partnerships, or government bodies interested in the objectives of the Institute may become corporate members and nominate their staff to have full rights as members of the Institute on their behalf. The number of members who may be so nominated shall be ten; additional members may be nominated at additional cost. Nominated members may hold executive office and have full voting rights in the Institute.

Membership of the Institute does not imply a qualification in Value Management. Corporate Membership does not imply that the organisation applies Value Management to any standard or that it employs qualified value managers.

The Institute of Value Management is a private limited Company, limited by guarantee with no share capital. The guarantee is provided by the membership. Every member of the Company undertakes to contribute such amounts as may be required (not exceeding £1) to the assets of the Company if it should be wound up while he is a member or within one year after he ceases to be a member. For the payment of the Company's debt and liabilities contracted before he ceases to be a member, and of the cost, charges and expenses of winding up, and for the adjustment of the rights of the contributories among themselves.

Corporate Membership Declaration

On behalf of the company, I wish to apply for corporate membership of the Institute of Value Management. I confirm that I understand the terms of membership outlined above and that the statements on this application are true. In the event of election, the nominated members will observe the bylaws of the Institute. The company will pay any charges for their nominated members as set out above.

Name of Company/Organisation: _____

Signature: _____ Name: _____ Date: _____

Position Held: _____

Corporate Member Details

Company Full Name	
Address	
Postcode	
Telephone Number	
E-mail Address	
Website Address	
Group name, if applicable	
Total Number of Employees	
Please describe the Company Products / Services	

Corporate Member Value Management Experience

Total Number of Employees with Value Management Experience	
Describe the Value Management Activities in your Business	
Do you provide in-house training in Value Techniques to:	
Your Employees	Yes / No
Other's Employee's	Yes / No

Nominated Members

Please list the names of the employees being nominated as members.

Member No	Full Name
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	

Please forward this form and your completed nominated member application form for each of your nominees to:

The Institute of Value Management
 PO Box 101
 LEDBURY
 HR8 9JW

Or secretary@ivm.org.uk

On election your Company will be invoiced for the annual subscription fee of £720 which covers 10 nominees. Nominees will be Associate Members of the Institute and may use the post nominals AIVM. Suitably qualified or experienced nominees may apply for MIVM. Additional members may be nominated at £72 per AIVM nominee and £84 per MIVM nominee.

Corporate Nominated Member Application

Personal Details	
Full Name:	
Home address:	
Email:	
Tel:	
Mobile:	
Date of Birth:	

Professional Details	
Office address:	
Email:	
Tel:	
Mobile:	

Preferred address/email for correspondence: Home Work
 Preferred IVM Branch: East Anglia London & SE Midlands
 Northern Scottish South West

Membership of Professional Organisations		
Name of Institute/Organisation	Year Joined	Grade

Present Occupation	
Job Title:	
Time in post:	
Responsibilities:	

Formal Training in Value Management¹		
VM Course	Trainer	Date of Course
Foundation/VM1		
Advanced 1/ VM2		
Advanced 2/ VM3		
Please specify if you have undertaken any other VM courses:		
Course Title	Training Organisation	Date of Course
Please specify any other relevant qualifications:		

Institute of Value Management Activities
Please specify the aspects of VM that are of most interest to you:

I understand that the information provided on this form will be stored on a database for use by the Institute of Value Management in line with current Data Protection Laws.

_____ Signature _____ Print Name _____ Date

¹ Copies of certificates will be helpful