



THE  
Institute  
VALUE<sup>of</sup>  
management

# **Member of the IVM (MIVM) Application Form**

## **Route 2**

**Hold a relevant qualification in Lean, Benefits or Project Management**

Before submitting your application, please note the following:

- Your CPD record must, from 1<sup>st</sup> January 2016 onwards, be up-to-date, this will be checked by IVM.
- If you have outstanding subscription and/or conduct issues on your record, your application cannot be processed.
- If your application is successful, you will pay a higher annual subscription.

Email your completed application to [Secretary@ivm.org.uk](mailto:Secretary@ivm.org.uk)

### **Application fee**

The application fee is GBP £30

### **How to pay**

You can pay by one of the following methods. Please indicate your chosen method.

Cheque, made payable to IVM

Bank transfer (BACS)

BACS details:

Bank:	<b>LLOYDS TSB plc</b>
Account Name:	<b>Institute of Value Management</b>
Account Number:	<b>00374070</b>
Sort Code:	<b>30-94-38</b>
IBAN No:	<b>GB41LOYD30943800374070</b>
BIC:	<b>LOYDGB21042</b>

Following election to Member, you will be required to pay the Member (MIVM) subscription fee. In your first year this will be the difference between any IVM subscription you have previously paid and the Member (MIVM) subscription fee.

Please ensure, if you are already a member of the IVM, you quote your IVM membership number and full name as reference on payment.

<b>Personal Details</b>	
<b>IVM Membership Number (if applicable)</b>	
<b>Name:</b>	
<b>Home address:</b>	
<b>Email:</b>	
<b>Tel:</b>	
<b>Mobile:</b>	
<b>Company:</b>	
<b>Date of Birth:</b>	

<b>Curriculum Vitae or Resume</b>			
Start with the most recent and include all relevant roles demonstrating your Value Management related experience.			
<b>Employer</b>	<b>Position/Job Title</b>	<b>Date from</b>	<b>Date to</b>
<b>Overview of Scope and Responsibilities:</b>			
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<b>Overview of Scope and Responsibilities:</b>			

### Academic Qualifications (Please provide copies)

Subject	Qualification	Date achieved

### Professional Body Membership(s) (Please provide copies)

Professional Body	Grade	Date achieved

### MIVM Membership Certificate Name

If your application is successful, you will receive a Membership Certificate.  
Please indicate how you would like your name to appear on your Certificate.

<b>Title (If applicable)</b>	
<b>First Name</b>	
<b>Middle Names(s)</b>	
<b>Last Name</b>	

### Declaration

I have read the MIVM Applicant Guide and I confirm that all of the information on this application is correct to the best of my knowledge. I agree to abide by the decision of the IVM and accept the application fee will not be returned if my application is unsuccessful. I also understand that the award of a MIVM will only be valid as long as I pay the annual subscription fee and maintain a CPD log.

I hereby confirm that I accept the terms and conditions of the IVM and agree to abide by the Professional Code of Conduct.

<b>Signature</b>	
<b>Date</b>	