

IVM Fellowship Application Form

Route 1
PVM



Before submitting your application, please note the following:

- Your CPD record must, from 1st 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

Application fee

The application fee is GBP £30.00.

How to pay

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

☐ Cheque, made payable to the Institute of Value Management Ltd and sent to:

The Administrative Secretary

IVM

PO Box 101

Ledbury

Herefordshire

HR8 9JW

☐ Bank transfer (BACS)

BACS details:

Bank: LLOYDS TSB plc

Account Name: Institute of Value Management

Account Number: **00374070**Sort Code: **30-94-38**

IBAN No: GB41LOYD30943800374070

BIC: LOYDGB21042

Following election to Fellowship, you will be required to pay the Fellowship subscription fee. In your first year this will be the difference between any membership subscription you have paid and the Fellowship subscription fee.

Please ensure you quote your IVM membership number and full name as reference on payment.



Personal Details		
IVM Membership Numl (if applicable)	ber	
Name:		
Home address:		
Email:		
Tel:		
Mobile:		
Company:		
Date of Birth:		
Fellowship (FIVM) Certificate Name		
If your application is successful, you will receive a Fellowship Certificate.		
Please indicate how you would like your name to appear on your Certificate.		
Title (If applicable)		
First Name		
Middle Names(s)		
Last Name		
Declaration		
I have read the FIVM 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 Fellowship 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.		
Signatura		
Signature		
Date		