

## Member of the IVM (MIVM) Application Form

## **Route 1**

**Hold a relevant VM Qualification or Course Certificate** 



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 form along with a copy of your Qualification or Course certificate, as appropriate, 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

Unit A, 82 James Carter Road

Mildenhall

Suffolk

**IP28 7DE** 

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



Personal Details		
IVM Membership Nu	ımber	
(if applicable)		
Name:		
Home address:		
Email:		
Tel:		
Mobile:		
Company:		
Date of Birth:		
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.		
Title (If applicable)		
First Name		
Middle Names(s)  Last Name		
Last Name		
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.		
Signature		
Date		