

## 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 or [Secretary@ivm.org.uk](mailto:Secretary@ivm.org.uk)  
Unit A, 82 James Carter Road,  
MILDENHALL,  
SUFFOLK,  
ENGLAND  
IP28 7DE

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 or FIVM. If nominees apply for MIVM or FIVM then they may be nominated at an additional cost of £12 per MIVM and £24 per FIVM nominee. If your Company wishes to have more than 10 nominees then a 10% discount will apply on the above initial fees for nominees 11 to 20 inclusive and then a 15% discount will apply on the initial fees for nominees 21 to 50 inclusive.

## 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 [Delete as necessary]

Preferred IVM Branch: East Anglia  London & SE  Midlands

Northern  Scottish

South West

[Please select Branch with a tick].

<b>Membership of Professional Organisations</b>		
Name of Institute/Organisation	Year Joined	Grade

<b>Present Occupation</b>	
<b>Job Title:</b>	
<b>Time in post:</b>	
<b>Responsibilities:</b>	

<b>Formal Training in Value Management (VM)<sup>1</sup></b>		
VM Course	Trainer	Date of Course
VM1		
VM2		
VM3		
Please specify if you have undertaken any other VM or Value Methodology courses:		
Course Title	Training Organisation	Date of Course
Please specify any other relevant qualifications:		

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<sup>1</sup> Copies of Certificates would be helpful.

### Institute of Value Management Activities

Please specify the aspects of Value Management 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: \_\_\_\_\_