



THE
Institute
VAL^UE
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 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 along with a copy of your Qualification to 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 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, 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 Number (if applicable)	
Name:	
Home address:	
Email:	
Tel:	
Mobile:	
Company:	
Date of Birth:	

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

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.

Title (If applicable)	
First Name	
Middle Names(s)	
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	