



PROFESSIONAL BUSINESS & TECHNICAL MANAGEMENT

incorporating
**Industrial, Computer,
Technological and Associated Management**

Head Office:

Academy House, Warwick Corner, 42 Warwick Road, Kenilworth, Warwickshire CV8 1HE England
Tel: 01926 855498 Fax: 01926 513100 Email: info@group-ims.com

APPLICATION FOR MEMBERSHIP

Please print out and complete this Application Form and **post** with the appropriate fee, passport-sized photograph of yourself and copies of supporting Certificates/Diplomas and qualifications to Head Office at the address given above. Cheques or postal orders to be made payable to **Professional Business & Technical Management**. If the application is unsuccessful the fee will be refunded.

Please study the Membership Details and apply for the grade in which you can prove your knowledge, skill, experience and competence.

I wish to apply for (please tick as appropriate):

C.Prof.BTM (Dip.BTM)	£65.00	<input type="checkbox"/>	Level 6 Companion
F.Prof.BTM (Dip.BTM)	£45.00	<input type="checkbox"/>	Level 5 Fellow
M.Prof.BTM (Dip.BTM)	£45.00	<input type="checkbox"/>	Level 4 Full Member
A.M.Prof.BTM (Dip.BTM)	£45.00	<input type="checkbox"/>	Level 3 Associate Member
Stud.Prof.BTM (Cert.BTM)	£15.00	<input type="checkbox"/>	Level 1 Student Member

(Groups of Students from the same college or company may apply for reduced rates – please write for details.)

Please use block capitals in all sections.

Name:
(Please write this exactly as you would like it to appear on your Professional Membership Certificate/Diploma underlining your surname.)

Mr/Mrs/Miss/Other (please state) Nationality:

Date of Birth: Age:

Professional and Academic Qualifications:
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Current Position: Date Appointed:

PLEASE NOTE:

Your current position can be displayed on your Professional Membership Certificate/Diploma to assist your career path. Please indicate below if you wish your position (as you have given above) to be shown and enclose documentation/letter from employer as confirmation. **YES** **NO**

Business Name:

Business Address:
.....

Private Address:
.....

(Please tick the appropriate box for correspondence address.)

Home Tel No: Business Tel No:

Home Fax No: Business Fax No:

Email Address:

Please give the name and address of one person who is willing to act as your referee. This may be a PBTM member, director, immediate manager, supervisor, principal, superior, partner or officer, or other responsible person who can substantiate your ability and confirm the particulars given on this form. Referees may be contacted by the Membership Board. Your referee must sign the Declaration.

Full Name of Referee:

Address:

Tel No: Fax No:

DECLARATION OF REFEREE

I hereby declare that to the best of my knowledge and belief the information set out on this form is accurate and true.

Signed: Position: Date:

DETAILS OF COMPETENCE AND ACHIEVEMENT

Education:

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Note: A photograph of yourself and Photostat copies of all Certificates/Diplomas and Qualifications are required. (These will not be returned.) In some cases sight of the original document may be requested.

Previous positions and duties:

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Please state departments and number of staff for whom you are responsible in your current position:

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Other relevant information (please use extra sheets if necessary):

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How did you know of PBTM? (Please tick appropriate box) Advertisement Recommendation

Other (please state):

DECLARATION

I agree that irrespective of the grade for which I have applied I will accept the grade of membership considered appropriate and awarded me by the Membership Board. Should I be elected and a Membership Certificate or Diploma be issued to me, I understand that it remains the property of PBTM and that I must return it to Head Office upon cessation of membership. I agree to adhere to the PBTM Members' Code of Conduct and Membership Regulations. I submit my application for membership and declare that all the information given on this form is accurate and true.

Signature: Date:

Please allow 28 days for the process of your application.

Sheet 2 of 2

FOR OFFICE USE ONLY

Date Fee Received: Amount: Account No: Grade Awarded:

Date of Election: Registration No: Date Cert/Dip sent: