



# MEMBERSHIP APPLICATION FORM

for Membership, Reinstatement, Upgrade and CPD

INSTITUTE OF MANAGEMENT SERVICES

## Achieving excellence through people and productivity

Current/Past Membership Number  (Please refer to membership type/Grade template and tick relevant boxes)

I am a new entrant to the Institute applying to enrol as an Affiliate (5 years) or an existing Affiliate, wishing to renew 5 years

I am applying for Life Membership (Associate Grade upwards)

Upgrade to Associate committing to Life membership

Upgrade to Member see notes overleaf - Corporate Grade

Upgrade to Member Dip see notes overleaf - Corporate Grade

Upgrade to Fellow see notes overleaf - Corporate Grade

Reinstate IMS Membership at previous grade

Join the Institute via Direct Entry see notes overleaf

Register CPD as detailed in Membership Regulations

**TOP 5**

**MEMBER BENEFITS**

- Professional recognition
- Latest Productivity News
- Stay Connected
- Support and Guidance
- Professional Development

### Personal Contact Details

Preferred correspondence address: Home:  Business:

Title:

Forename:

Surname:

Date of Birth:

Gender:

### Home Address

Number & Street:

Town:

County/State:

Postcode:

Country:

Home Tel:

Mobile Number:

Email Address:

### Business Address

Job Title & Department:

Company Name:

Number & Street:

Town:

Postcode:

Country:

Business Tel:

Business Email Address:

Previous IMS Membership Grade:

IMS Measurement Practitioner (TSP) awarded

Yes/No

Date

IMS Productivity Analyst (IMS Certificate) awarded

Yes/No

Date

IMS Diploma awarded

Yes/No

Date

Other Honours/Awards: (Please detail)

## SUPPORTING INFORMATION

To support your application for upgrade to Fellow, Member, or for direct entry the following Information **MUST** be provided

1. A summary of your management services career to date, showing job titles, department and name of company where employed, including (approximate) dates of joining and leaving
2. An organisation chart, when appropriate, showing
  - (a) The position of management services in the organisation (recognising that it may not be called 'management services' such as productivity, continuous improvement, industrial engineering etc)
  - (b) The organisation of the management services department or team
  - (c) Your own position within the department or team
3. An outline with (approximate) dates of the key management services projects or activities with which you have been involved, including where possible a summary of the terms of reference and techniques used and those you have led
4. A list summarising the courses you have undertaken during your time in management services, with approximate dates

**Please provide the information against the numbered items above**

**Note: CVs should only be provided to supplement, not replace, the required information**

### FEES

Please refer to the attached membership type and grade template for the appropriate fees payable You must ensure that the correct fees accompany your application and supporting information

If you have any queries regarding fees, please contact our office via email: [admin@ims-productivity.com](mailto:admin@ims-productivity.com) or telephone: 01543 308605

### **Referees are required to upgrade to Fellow Grade and ALL Direct Entry Applications**

This section should be completed by persons\* prepared to verify or answer any queries relevant to the information given in this application (\* superiors in your present or previous organisations, Corporate grade members of the Institute, or senior personnel from clients)

Note upgrade to Fellow (FMS) must have two referees, current grade of Fellow (FMS), before submitting for a panel decision.

First Referee

Second Referee

Name: .....	.....
Position: .....	.....
Organisation: .....	.....
Address: .....	.....
.....	.....

I certify that to the best of my knowledge, for the purpose of this application, the information given is accurate. I will be pleased to answer any queries posed by the Institute.

Signed: .....	.....
Position: .....	.....
IMS grade: .....	.....
Date: .....	.....

### DATA Protection

I understand and consent to the information on this form being processed by The Institute of Management Services (IMS) for the purpose of administering, promoting and improving my Institute membership experience as defined in its Privacy Policy.

I agree to receive official notifications relating to my membership of the Institute by email and postings on the Institute website.

The IMS Privacy Policy can be found at [www.ims-productivity.com](http://www.ims-productivity.com)

### APPLICANT DECLARATION

I declare that the statements made on this form are, to the best of my knowledge, true. I agree to comply with the Professional Standards of the Institute of Management Services (IMS) and understand that this is a commitment to behave ethically within my profession.

I will do my best to promote the interests of the IMS

Please complete and then scan or photograph this to IMS and arrange payment of fee by bank transfer (please email or phone for details)

Signed: .....

Date: .....

### **Institute of Management Services**

Lichfield Business Village, Staffordshire University Centre, Friary Way,  
Lichfield, WS13 6QG