



# 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 criteria/grade template)

I am a new entrant to the Institute applying to enrol as an Affiliate

I am applying for Life Membership

Upgrade to Associate (a) having the IMS Certificate (b) committing to Life membership

Upgrade to Member see notes overleaf

Upgrade to Member Dip see notes overleaf

Upgrade to Fellow see notes overleaf

Reinstate IMS Membership

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**

Correspondence address: Home:  Business:

Title: \_\_\_\_\_

Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_

Town: \_\_\_\_\_ County/State: \_\_\_\_\_

Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

**Business Address**

Job Title: \_\_\_\_\_

Company Name: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ County/State: \_\_\_\_\_

Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

**Honours/Awards:**

Previous Membership Grade: \_\_\_\_\_ Date Obtained: \_\_\_\_\_

IMS Certificate Awarded: \_\_\_\_\_ IMS Diploma Awarded: \_\_\_\_\_

## 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 management services projects or activities with which you have been involved, including where possible a summary of the terms of reference and techniques used.
4. A list summarising the courses you have undertaken during your time in management services, with approximate dates.

**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 do contact our head office via email: [admin@ims-productivity.com](mailto:admin@ims-productivity.com) or telephone: 01543 266909.

### **Referees are required for 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 members of the Institute, or senior personnel from client organisations.)

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

First Referee	Second Referee
Name: _____	_____
Position: _____	_____
Organisation: _____	_____
Address: _____	_____
_____	_____

I certify that to the best of my knowledge for this application and so far as it relates to this organisation, 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 the Management Services (IMS) for the purpose of administering, promoting, and improving my membership experience of the Institute 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)

### **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 interest of the IMS.

Please complete and return this form to the address below, with the enclosed application fee (non-refundable) by cheque made payable to 'The Institute of Management Services, or by direct transfer (please contact for details).

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

**Institute of Management Services  
Brooke House, 24 Dam Street, Lichfield, Staffordshire WS13 6AA**