



## Membership Application Form

### 1 Personal Details

Surname	Other Names
Address <small>House No/Name</small>	Date of Birth
Street	Home Tel No
Town	
County	Mobile
Country	
Postcode	Email

### 2 Introduction

Have you made contact with one of our Regions?	Yes [ ]	No [ ]	Tick appropriate box [V]
If 'Yes' – Please state the Region's Name	Region .....		
Have been introduced to the Institute by an existing Member?	Proposers' Name .....		

### 3 Employers' Details

Employer's Name	Work Tel No	Ext
Address <small>House No/Name</small>		
Street	Work Mobile No	
Town		
County	Employers' Website	
Country		
Postcode	Work Email	

### 4 Working Areas Tick appropriate boxes [V]

(a) Management [ ]	(b) Site Supervision [ ]
(c) Related Trades [ ]	(d) General Building [ ]
(e) Local/Central Government [ ]	(f) Student [ ]
(g) Sub-Contractor [ ]	(h) Trade Person [ ]
(i) Education/Training [ ]	(j) Civil Engineering [ ]
(k) Mechanical/Electrical [ ]	(l) Other [ ] State .....

### 5 Professional Qualifications (State years of experience in profession.....)

Qualifications <small>Attach copy certificates</small>	Date Achieved
a	
b	
c	
d	

### 6 Professional Career History You may attach your Curriculum Vitae but also summarise in this section)

In which Profession have you received training? .....

List your professional experience (last four positions, where applicable)

Job Title	Main Responsibilities	From	To



**7 Professional Development**

In which areas do you consider you require development?

- (a) .....
- (b) .....
- (c) .....

**8 Student Details**

Current Studies are	Level
Location	Completion Date
Apprenticeship Trade	Completion Date

**9 Personal Membership Objectives** Tick appropriate boxes [✓]

Gain a new qualification [ ]	Aid career advancement [ ]	Update knowledge [ ]
Learn new subject areas [ ]	Widen personal network [ ]	Social Events [ ]
Other (Please specify) .....		

**10 Institute Survey – How did you learn of this Institute?** Tick appropriate boxes [✓]

(a) Institute Member [ ]	(b) Work Colleague [ ]	(c) Institute Publicity [ ]
(d) Internet [ ]	(e) Employer [ ]	(f) Friend [ ]
(g) Other (Please specify) .....		

**11 Declaration** – *I declare the facts above to be true and hereby make this application to join The Institute of Construction Management and, if awarded membership, I agree to abide by The Institute Rules and The Code of Practice.*

**Applicants' Signature** ..... **Date** .....

**NOTE:** With this Membership Application Form, please enclose a cheque for the sum of £25.00 for the non-refundable Administration Fee (made payable to The Institute of Construction Management) and copies only of any qualification certificates cited in this application. This will help The Institute to award you the best level of entry.

Please return this Membership Application Form to the Director of Membership:-

Ian P Trickey PP FICConstM  
 93 Victoria Park Road  
 Winton  
 Bournemouth  
 Dorset  
 England  
 BH9 2RD

Tel: +44 (0)1202 77518  
 Email: [membership@the-icm.com](mailto:membership@the-icm.com)

<b>11 For Institute Office Use Only</b>	Membership No .....	
Admin. Fee Received: Date .....	Region Notified: Date .....	Region Interview: .....
Mem. Fee Received: £..... Date .....	Dir of Fin Notified: .....	Region Alloc .....
Grade of Membership Awarded: Student ..... Technician ..... Associate ..... Member ..... Fellow .....		