



**INSTITUTE of ASSOCIATION MANAGEMENT**  
**Application for Membership**

SURNAME:	Title	Qualifications/Decorations
FORENAMES:		

HOME address
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Name of your Association, Institute, Society or Organisation	Business Affiliate Application? Yes / No
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Position held	Number of years held
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Address of organisation
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Telephone:	Fax:
E-mail:	Website:

Please indicate here, whether you wish correspondence to be sent: to your **home**  to the **office**

If your organisation is managed as part of an association management group, please give name of the management company
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<b>Please give brief details of other associations for which you have worked, or are currently working</b>		
Organisation	Position Held	Period from/to

**I wish to apply for IAM membership and agree to abide by its Constitution and Rules**

Signature ..... Date .....

Data Protection

IofAM will hold your personal data on its computer database. This data may be retrieved by IofAM for its normal administrative purposes. IofAM may also periodically send you information on events, conferences, publications and membership in which you may be interested. If you do not wish to receive such information please tick this box

IofAM would also like to share your personal information with carefully selected third parties in order to provide you with information on other events and benefits that may be of interest to you. Your data may be managed by a third party in the capacity of a list processor and the data owner will at all times be the IofAM. If you are happy for your details to be used in this way, please tick this box

PLEASE RETURN THIS FORM TO:

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T: 020 7227 3466 E: [iofam@secretariat.org.uk](mailto:iofam@secretariat.org.uk) W: [www.iofam.org.uk](http://www.iofam.org.uk)