

Application for Registration

* These details will be visible on the IFM register **Please complete the white cells**

| Business Details | |
|--|--|
| Name * | |
| Business name* | |
| Address *, inc. postcode | |
| Telephone * | |
| Mobile * | |
| e-mail * | |
| Website * | |
| Qualifications & experience | |
| Qualifications | |
| Other relevant experience | |
| CV enclosed? | Yes / No |
| IFM Membership details | |
| NB. It is a requirement of the scheme that you are a Registered member of the IFM (MIFM) | |
| either: IFM Membership no. | |
| or: indicate if application is in progress | Yes / no, application is / is not in progress (to apply complete the form at: www.ifm.org.uk/join/MembershipForm.pdf or contact the Director of Membership, Ian Dolben, on 01904 643148 for a form) |
| Registration payment | |
| NB. An annual fee of £30 will be payable in January to maintain registration. A receipt will be provided | |
| by cheque: | I enclose a cheque for £150 payable to IFM. |
| by debit or credit card | I authorise payment of £150 from my credit/debit card: Card no. _____ Security code: _____ Expiry date: _____ |
| Declaration | |
| I declare that the information provided is accurate | |
| Name | |
| Signature (if posted) | |
| Date | |

Please post or e-mail this form to Ian Dolben at the Institute of Fisheries Management:

members@ifm.org.uk

IFM c/o 24 Heslington Lane, York, YO10 4LX