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| **Accreditation Scheme: Fish Health Checks** |  |

**Application for Registration**

**\*** These details will be **Please complete the white cells**

visible on the IFM register

|  |  |
| --- | --- |
| **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 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**