

**AFFILIATE** (no post-nominals) of the Institute of Residential Property Management (IRPM) – this level of membership is offered to applicants whose work experience or current qualifications do not yet meet those required for Associate or Member level membership.

It is recognised that an Affiliate wishes to operate to the Institute's [Code of Professional Conduct](#) ([www.irpm.org.uk/public/page/conduct-ethics-rules](http://www.irpm.org.uk/public/page/conduct-ethics-rules)) and to pursue career development through taking the Institute's exams.

An Affiliate must take the Institute's Foundation and Associate Exams within two years of joining. Affiliates are not members of the Institute and therefore carry no voting rights.

I give permission for the IRPM to verify by whatever means, any qualifications, training, employment and/or membership with the appropriate organisation/s as necessary.

If my fees are paid by my employer, I give permission for my employer to request and be given information regarding the IRPM exams I have taken and the results I have achieved. I also give consent for my employer to request confirmation of attendance to any IRPM CPD events.

I agree to abide by all rules and regulations of the Institute as may be set out and updated from time to time in various documents and web pages covering issues such as - but not limited to - Code of Conduct, Continuing Professional Development, subscriptions, workshop and exam fees.

The IRPM is the Data Controller and Data Processor of any personal data supplied. My data will be used to administer all aspects of my membership and membership activities. My data may be used for IRPM marketing, statistical and analytical purposes. My data will not be passed to any third party. I understand that as a fully subscribed Affiliate, my name will be listed in the public search facility on the website of IRPM Affiliates, Associates, Members and Fellows.

The IRPM makes every effort to ensure that the information in the private members database and on the website is accurate. It is my responsibility to keep my contact information up to date and accurate through my personal account on the Members Area.

**I understand that as an AFFILIATE I shall not be entitled to use any IRPM designation in any way until awarded Associate, Member or Fellow level of IRPM membership and that once awarded, shall only be entitled to use the designation whilst a current member of the Institute.**

Membership ceases if current year subscription fees are unpaid and a re-joining fee may be applicable if membership lapses without an arrangement (e.g. sabbatical) in place.

# Institute of Residential Property Management Application for Membership or Affiliation

Please complete this application form and return to the IRPM with the required enclosures. Please indicate the grade of membership being sought by ticking the appropriate box below

MEMBER     ASSOCIATE     AFFILIATE

## 1. Personal Details

Title – Mr / Mrs / Miss / Ms / Other: \_\_\_\_\_

First Name(s): \_\_\_\_\_

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

Post Nominal Letters: \_\_\_\_\_

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

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

Post Code: \_\_\_\_\_

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

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## 2. Business Details

Company: \_\_\_\_\_

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

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

Post Code: \_\_\_\_\_

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

Mobile: \_\_\_\_\_

Work Email: \_\_\_\_\_

Website: \_\_\_\_\_  
\_\_\_\_\_

## 3. Payment Details

- I have paid by BACS  / PayPal  quoting my name as reference on \_\_\_\_\_ (please enter date of payment)
- I have paid by CHEQUE quoting my name as reference

## 4. Experience & Current Responsibilities

Number of years' experience in Residential Property Management: \_\_\_\_\_

Number of years at senior level: \_\_\_\_\_

Number of units you manage: \_\_\_\_\_

If you have staff reporting to you, how many? \_\_\_\_\_

Total value of budgets you prepare (£): \_\_\_\_\_

## 5. Have you ever previously been an IRPM member?

Yes     No

## 6. Administrative Information

Where do you want correspondence sent?

Home     Office

How did you hear about IRPM?

Colleague     Direct Mail     Website     Other

Please specify: \_\_\_\_\_  
\_\_\_\_\_

## 7. Members In Support Of Application (FOR ASSOCIATES & MEMBERS ONLY)

In signing this form, members are supporting this application, confirming that in their opinion the applicant meets the relevant membership criteria. If you do not know any IRPM members then a reference from someone that has known you in a professional capacity will suffice. If you have any queries then please contact the Secretariat (info@irpm.org.uk).

### PROPOSING MEMBER

Name: \_\_\_\_\_

IRPM Membership Number: \_\_\_\_\_

I confirm that I have known applicant for: \_\_\_\_\_

Comments (if any): \_\_\_\_\_  
\_\_\_\_\_

Proposing Member Signature: \_\_\_\_\_

### Applicant's Signature:

\_\_\_\_\_

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