



Application for IRM Student Membership - University students

For office use only

Date received:	Ackn. date:	MRM:	Membership number:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1 Section 1 – Personal details

Title: Mr Mrs Ms Miss Dr Prof Other

<input type="text"/> Family name:	<input type="text"/> Home address:
<input type="text"/> First names:	
<input type="text"/> Date of birth: D D M M Y Y Y Y	<input type="text"/> Town:
<input type="text"/> Email:	<input type="text"/> County/State:
<input type="text"/> Mobile:	<input type="text"/> Postcode:
<input type="text"/> Telephone:	<input type="text"/> Country:

2 Section 2 – University details

<input type="text"/> Name of University
<input type="text"/> Level of qualification <input type="radio"/> Masters <input type="radio"/> Undergraduate <input type="radio"/> Postgraduate certificate or diploma
<input type="text"/> Title of qualification:
<input type="text"/> Month and year of graduation: M M Y Y Y Y
<input type="checkbox"/> I attach documentary evidence of my enrolment on the course

Data Protection and privacy

IRM will ensure that your personal data is processed in line with Data Protection legislation and IRM's Privacy Policy Statement ([available on IRM's website](#)). In submitting this application you are deemed to have consented to IRM processing your data.

Sharing information

I consent to my university or college contacting the IRM about my results. (This is required so that we can offer you enhanced membership options on completion of your course.)

Privacy and electronic communications regulations

IRM may from time to time wish to draw your attention to other IRM products and services electronically which are likely to be of interest to you. Please tick the following box if you consent to receiving information about IRM products and services.

Third party offers

IRM may from time to time wish to send you information from third party providers about products or services that we think will be of interest to you. Please tick the following box if you consent to receiving such information.

ADMISSION TO MEMBERSHIP

I hereby apply for admission as a student member of the Institute of Risk Management. I certify that the information supplied on this form is correct and I declare that:

- I am over 18 years of age.
- I have read and agree to abide by IRM's Code of Conduct. *
- I accept IRM's terms and conditions.
- I understand that:
 - I am not entitled to use any IRM designatory letters.
 - my free student membership of IRM will cease at the end of my university course.

Signed _____ Date _____

* The Code of Conduct can be downloaded from IRM's website here:

<https://www.theirm.org/join-our-community/about-membership/certificate-membership/>

When you have completed your application form please send it to:

Membership department
Institute of Risk Management
2nd Floor
Sackville House
143-149 Fenchurch Street
London
EC3M 6BN

T +44 (0)20 7709 9808
F +44 (0)20 7709 0716
E membership@theirm.org
W www.theirm.org

We look forward to receiving your application.