

APPLICATION

Group Membership

| 1. Company Details | | | |
|--|---|--|--|
| Company Name | | | |
| | | | |
| Business Address (Principles Address) | | | |
| | | | |
| | | | |
| Postcode | Telephone | | |
| | | | |
| Email | Website | | |
| | | | |
| | | | |
| 2. Service Category | | | |
| E 111 1 1 EN41 | Γ | | |
| End User: In house FM teams Consultant: A provider of advice and guidance | | | |
| FM Management: Suppliers - Management buy-outs and | | | |
| FM suppliers providing both management and delivery solutions | | | |
| FM Service Suppliers: Contractors providing anything from | | | |
| a single service through to a bundle of delivery tasks Product Supplier: Provider of a specific product | | | |
| riodaet supplier. Frovider of a specific product | | | |
| 3. Main Contact Details | | | |
| This person will be responsible for your organisation's r | nembership. Any communications regarding your | | |
| IWFM Group Membership will be directed for their atte | | | |
| Title | First Name | | |
| | | | |
| Surname | Position in Company | | |
| | | | |
| Address (if different from principle address) | | | |
| | | | |
| | | | |

Group Membership



| 3. Main Contact Details continued | | | | |
|---|---|--|--|--|
| Postcode Mobile | Telephone Email | | | |
| 4. Payment Options | | | | |
| Invoice This can be raised on request, if the invoice requires a purchase order number, please fill in the box allocated below: PO Number Credit Card IWFM can accept all major credit cards. Please call (0)1279 712650 and the Member and Customer Engagement team will be happy to process this. Receipts are available upon request | | | | |
| 5. Survey of Members | | | | |
| Please help us to understand the decisions you made additional questions: | e to join the IWFM by completing a couple of | | | |
| Reason for joining? | How did you hear about us? | | | |
| Better understanding of FM Discounts Facilitate Industry Awareness Information and Knowledge Rejoin Membership Benefits Networking Professional Development Raise Profile within FM Recognition / Postnominals Rejoin | Advertisement Academy Course Head Office Qualification (Through Institute) Email Campaign Employer Exhibition Facilitate Member Get Member Networking / CPD Event Promo Codes used in Application Offers Referral | | | |
| Upskilling of Staff | Social Media Website | | | |

Group Membership



6. Declaration

Return to: See below

We hereby apply for admission to IWFM. If admitted, we the organisation and its staff within the membership accept and abide by the Code of Professional Conduct of the Institute and shall endeavour to advance the work of IWFM. We certify that the information given on this form is true and

correct together with any other relevant information. We also understand that IWFM uses this data to contact our members with membership-related information, promotions, services and offers. By completing this form and submitting this data you agree to the terms of IWFM's privacy policy which can be found at wwfm.org.uk/privacy

| Name | | |
|-----------|---------------------|--|
| | | |
| Signature | | |
| | | |
| | | |
| | | |
| Position | Date of Application | |
| | | |

Contact us

Any queries about the contents of the policy please contact:

Corporate Membership

IWFM
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www.iwfm.org.uk/membership