

MEMBERSHIP APPLICATION FORM

RECOGNISING AUTOMOTIVE PROFESSIONALS

Please complete all sections in BLOCK CAPITALS using blue or black ink.

Home address:		Da	ate of birth:		TOP 5 MEMBER
Postcode / Zip: Home telephone:			ountry: obile number:		Professional recognition Latest industry news Stay connected Support and guidance
Email address:					5 Professional developme
Please enter the best the following Job Far		Employment status: En	nployed Retired Unemploy	ed Student/Apprentice	
 Management and Le Technical - Custome 	adership	My job title:			Start date:
Sales • Business SupEducation and Traini		Working level:		Job family:	
Please enter the best the following Working		Employer name: Work address:			
Semi skilledSkilledHighly skilled					
First line managemeMiddle management		Postcode / Zip:		Country:	
Senior strategic manSenior technical spe	_	Work telephone:		Work email:	
		n considering your membe	rship application. selieve will support your applicatio	on.	
Company:		lob title:	Working level:	From (mm/yy):	To (mm/yy):



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PLEASE ENTER ANY QUALIFICATIONS/COURSES THAT MAY BE RELEVANT TO YOUR APPLICATION

Certification Types

- Apprenticeship
- Degree
- Other qualification
- Manufacturer/employer programme
- Other

Please enclose COPIES of certificates and any supporting documents you may feel appropriate, e.g. CV. We regret that we are unable to return copies of documents received.

Course/Qualification Details					
Course/qualification name:					
Awarded by:					
Country of study:					
Certification type:					
Start date:					
End date:					

Cou	rse/Qualification Details
Cour	rse/qualification name:
Awa	rded by:
Cour	ntry of study:
Certi	ification type:
Start	date:
End	date:

GAIN ADDITIONAL RECOGNITION OF YOUR SKILLS AND ADDITIONAL POST NOMINALS WITH IMI ENGINEERING AWARDS AND TRAINER ASSESSOR AWARDS

Please tick to apply for additional recognition (additional fees may apply)

- ☐ I have a technical qualification and would like to apply for an Engineering Award
- □ I am an Automotive Trainer or Assessor and would like to apply for the Trainer Assessor Award

DATA PROTECTION

■ I understand and consent to the information provided on this form being processed by the Institute of the Motor Industry (IMI) for its sole use and that of its associated network, including my Local Network, for the purpose of promoting, delivering and improving my membership experience and its products and services or such other purposes as described in the IMI privacy statement.

The IMI privacy statement can be found at www.theimi.org.uk/privacy-policy

DECLARATION

- I declare that the statements made on this form are to the best of my knowledge true. I agree to comply with the Professional Standards of the Institute of the Motor Industry (IMI) and understand that this is a commitment to behave ethically within my profession.
- □ I will do my best to promote the interest of the IMI. I confirm that I have not committed any offence of which the IMI would require to give notice under its complaints policy.

The complaints policy can be found at www.theimi.org.uk/complaints-page and Professional Standards can be found at www.theimi.org.uk/standards

Please complete and return this form to the address below, with the enclosed application fee of £25.50 (non-refundable) by cheque made payable to 'The Institute of the Motor Industry' or pay over the phone by calling +44 (0)1992 519 025.

Membership Services Freepost RTLU-XBEZ-URRY Institute of the Motor Industry Fanshaws, Brickendon, Hertford SG13 8PQ



Sign:					
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Date:					

IMI MEMBERSHIP

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