



4 Park Court
Park Cross Street
LEEDS, LS1 2QH

Tel: 0113 242 0048
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Email: office@i-m-a.org.uk

New Membership Application Form

Please complete all the details below and return this form with your subscription fee to the address above:

Title:			
First Name:			
Family name /surname:		Gender:	
Ethnic origin:		Date of birth:	
Invoice address if different from work address:			
Work Address:		Home Address:	
Post code:		Post code:	
Telephone No. at work:		Telephone No. at home:	
Fax:		Fax:	
Email:		Email:	
Mobile No. Work:		Mobile No. Home:	
Please state whether you would prefer your IMA mail to be sent to work or home <input type="checkbox"/> *Home / Work <input type="checkbox"/> * delete as appropriate			
Name of Employer:			
Job title:			
Are you:		<input type="checkbox"/> *a paid worker / a volunteer? <input type="checkbox"/> * delete as appropriate	
How many hours a week do you work in total?		<input type="text"/> hours	
Please state how many hours a week you spend giving Money Advice:		<input type="text"/> hours	

Is your organisation a member of or part of any of the following? **Please tick as appropriate:**

DOC. 7

Institute of Money Advisers is a Company Limited by Guarantee. Registered in England and Wales. Registration No 5386480. Registered Office 4 Park Court, Park Cross Street, Leeds. LS1 1QH. Registered Charity No. 1112758. DATA PROTECTION: Your details are held on computer by the IMA. We strive to maintain accurate and appropriate records, so if you find your details are incorrect, out of date, or you no longer wish to receive information from the IMA, please let us know.

- | | | | |
|----------------------------|--------------------------|--------------------------|--|
| Employee Welfare Programme | <input type="checkbox"/> | Advice UK | <input type="checkbox"/> |
| Independent Advice Agency | <input type="checkbox"/> | Insolvency Practitioners | <input type="checkbox"/> |
| Law Centres Federation | <input type="checkbox"/> | Local Authority | <input type="checkbox"/> |
| Citizens Advice | <input type="checkbox"/> | Probation Service | <input type="checkbox"/> |
| Solicitors/Law Practice | <input type="checkbox"/> | Trades Union | <input type="checkbox"/> |
| University/College | <input type="checkbox"/> | Other | <input type="checkbox"/> (please specify): |

(Below at * delete as necessary)

- Is your organisation licensed with the Office of Fair Trading to provide debt counselling?
(Many of the above organisations hold group licences but statutory agencies do not require one) **Yes / No**
- Does your organisation have an LSC quality mark in Debt?
(If so, at what level?) **Yes / No**
- Does your organisation have Professional Indemnity Insurance? **Yes / No**

I confirm that:

- 1) I have read the criteria for eligibility for the different categories of membership set out in the IMA's Memorandum & Articles of Association.
- 2) I have read the IMA's Memorandum & Articles of Association, Statement of Equal Opportunities, Data Protection Policy and Confidentiality Policy and agree to comply with them.
- 3) I confirm that my work conforms to and fully supports the definition of money advice set out in the Memorandum & Articles of Association.
- 4) A significant function of my employment (paid or otherwise) is to deliver or promote money advice as defined above *or *I have a commitment to the provision of such advice and wish to promote the interests of the Institute of Money Advisers*
- 5) My organisation provides money advice that is **FREE *CONFIDENTIAL *INDEPENDENT *IMPARTIAL *HAS SERVICE STANDARDS AND *HAS QUALITY PRACTICES*

****I confirm that I meet the relevant criteria to join as *Associate, *Initial/Trainee Affiliate of the Institute of Money Advisers as defined in the Memorandum & Articles of Association.
Please delete the category of membership *, which does not apply to you.**

SIGNED

DATED

Trainee – Manager's Signature

****Your signature confirms the above statements.**

Please send the original signed form to the IMA (fax/email copies will not be accepted)

I AM APPLYING FOR ORGANISATIONAL AFFILIATION
(A minimum of 4 people are required for this category)

I confirm that I am applying, on behalf of my agency for **Organisational Affiliation** (a completed Application form is required for each person applying for membership)

Please give the names of all people for whom you are requesting membership and confirm that they are eligible for **full membership, associate, initial/trainee affiliation**

Name	Name
Name	Name
Name	Name
Name	Name
Name	Name
Name	Name
Name	Name
Name	Name

SIGNED

POSITION

DATED

- *PLEASE NOTE THAT YOU MAY BE ASKED TO PROVIDE EVIDENCE THAT YOU MEET THE APPROPRIATE CRITERIA FOR THE CATEGORY OF MEMBERSHIP.*
- **IF AT ANY STAGE IT WAS DISCOVERED THAT YOU HAD MADE A WRONGFUL CLAIM TO A PARTICULAR MEMBERSHIP CATEGORY, THE TRUSTEE BOARD COULD TERMINATE YOUR MEMBERSHIP**

Data protection: Please inform us if you do not wish us to share your name and address with the Money Advice Trust.