

Part 1: About You

Please give details of your organisation and main contact:

Title: _____ First name: _____ Surname: _____

Job Title _____ Organisation name: _____

Address: _____

Postcode: _____

Office tel: _____ Mobile: _____ Fax: _____

Email: _____ Web: _____

Where did you hear about APM?

Web Mailing Referral Other (please specify) _____
 Exhibition Advert Magazine/journal

Part 2: Your Organisation

Approximately how many people are employed in your organisation you work for?

1-9 10-19 20-49 50-99 100-199 200-499 500-999 1000+

Please indicate the approximate size of your project management community:

1-50 51-250 251-1000 1000+

Which of these best describes your nature of business? (Please tick one)

Mainly primary industries

Mining, metals, forestry & paper
 Utilities (electricity, gas & water)

Mainly manufacturing

Chemicals, oil & gas
 Pharmaceuticals & biotech
 Electronic & electrical equipment, engineering & machinery
 Aerospace & defence
 Automobiles & parts
 Consumer products
 Other manufacturing

Construction

Civil engineering
 Other construction

Mainly services

IT hardware, software, services
 Retailing
 Leisure, entertainment & hotels
 Transportation
 Telecommunication services
 Banking
 Insurance/life assurance
 Investment companies
 Other finance
 Management consulting
 Other business services
 Real estate
 Media & photography
 Private healthcare
 Private education
 Non-profit making bodies

Public sector

Central government
 Local government
 National health service
 Defence
 Public education
 Other public bodies

 Other (please state)

Part 3: Please give details of other people in your organisation who will receive corporate membership communications (e.g. the monthly copy of "Project" magazine).

Name 1: _____ Job Title _____

Tick here if contact details are the same as main contact:

Organisation name: _____

Address: _____

Postcode: _____

Office tel: _____ Mobile: _____ Fax: _____

Email: _____

Name 2: _____ Job Title _____

Tick here if contact details are the same as main contact:

Organisation name: _____

Address: _____

Postcode: _____

Office tel: _____ Mobile: _____ Fax: _____

Email: _____

Name 3: _____ Job Title _____

Tick here if contact details are the same as main contact:

Organisation name: _____

Address: _____

Postcode: _____

Office tel: _____ Mobile: _____ Fax: _____

Email: _____

Name 4: _____ Job Title _____

Tick here if contact details are the same as main contact:

Organisation name: _____

Address: _____

Postcode: _____

Office tel: _____ Mobile: _____ Fax: _____

Email: _____

If more than 4 people receive benefits, copy this page and supply details. (Please see the table in Part 5 of this form).

Part 4: Please give us details of any other divisions/regional offices/agencies and subsidiaries sharing the same company registration number. (If it has a different company registration number, please join them as a separate corporate member to gain member benefits.)

Contact: _____ Job Title _____

Organisation name: _____

Address: _____

Postcode: _____

Office tel: _____ Mobile: _____ Fax: _____

Email: _____

Contact: _____ Job Title _____

Organisation name: _____

Address: _____

Postcode: _____

Office tel: _____ Mobile: _____ Fax: _____

Email: _____

Contact: _____ Job Title _____

Organisation name: _____

Address: _____

Postcode: _____

Office tel: _____ Mobile: _____ Fax: _____

Email: _____

Contact: _____ Job Title _____

Organisation name: _____

Address: _____

Postcode: _____

Office tel: _____ Mobile: _____ Fax: _____

Email: _____

Part 5: Please give invoice details

Please tick the appropriate box according to the size of the project management community based within your organisation.

Band	A	B	C	D
Please tick appropriate				
Size of Project Management Community	1-50	51-250	251-1000	1000+
No. of "Project" magazines	3	5	7	10

Do you require an invoice? Yes No

Tick here if main contact is invoice recipient:

Invoice recipient (if not main contact): _____

Address: _____

Postcode: _____

Tel: _____ Fax: _____ Email: _____

Method of payment:

Credit card Cheque Purchase order BACS Direct debit

If you are paying by cheque, please attach it to this application form.

Data Protection

The Association for Project Management (APM) will act as the data controller (as defined by the 1998 Data Protection Act) and will hold and process your data for the purposes of providing the necessary services to you in relation to your membership of the Association. Where it is necessary to fulfil your request, APM will share your information with either our local or overseas branches. Your information may be passed to selected clients in order to provide additional services, and we may from time to time contact you with details of programmes or materials that may be of interest to you, e.g., seminars and "Project" magazine. If you do not want to be included in this activity, please tick the box.

Signature: _____ Date: _____

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