

## Higher Education Institute Corporate Membership Application

### Part 1: About You

Please give details of your organisation and main contact:

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Surname: \_\_\_\_\_

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 HEI Organisation

Approximately how many students undertake a project management course of study?

Full time:  Part time:  Distance learning:

### Part 3: Please give us details of two other people in your organisation (e.g. Tutors, Lecturers, Professors, Head of Professional development) who will receive the benefits of your HEI membership (e.g. free month's copy of "Project" magazine).

Alternative name 1: \_\_\_\_\_

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

Organisation name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Alternative name 2: \_\_\_\_\_

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

Organisation name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## Part 4: Please give invoice details

Invoice name: \_\_\_\_\_

Tick here if contact details are same as main contact:

### Method of payment:

Credit card  Cheque  Purchase order  BACS  Direct debit

Organisation name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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

### 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.

### Code of Professional Conduct

Please note by signing below you agree to abide by APM's code of professional conduct as stated in its Bylaws.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_