

# Application Form for Membership of The Institute of Agricultural Management

This form is to be used by all applicants applying for membership of IAgrM. The completed application will be assessed by the Institute's Professional Affairs Committee and the result communicated to you. This process normally takes about one month.

## 1. Personal Details

Surname (and title).....

Christian Names.....

Address.....

.....

Postcode ..... Date of Birth .....

Email Address .....

## 2. Present Occupation

- (a) Occupation status, ie owner/partner/manager/employee/job title  
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- (b) If the business is farming, please give details of the farm business – eg size, main enterprises, labour force, approximate turnover  
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- (c) For other business, please provide as much information as you can about the nature of the business  
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- (d) For applicants in other professions, please give as much information as you can about the purpose and activities of the organisation.  
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## 3. Responsibilities

Please indicate your role and responsibilities in your current position

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## 4. Previous Employment

Please provide brief details of previous employment, including your position, responsibilities and dates

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**5. Education**

Please give details of all post-school qualifications, name of institutions attended and the dates

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**6. Training Courses**

Details of any short courses or other training activity undertaken since full-time education completed

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**7. Other Relevant Information**

Please indicate here any other information which you deem to be relevant to your application.

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**DECLARATION**

- 1. I wish to be considered for the appropriate grade of The Institute of Agricultural Management.
- 2. I certify that the particulars given on the form are a fair and true record of my training and career in agricultural management or related profession. I agree to any reasonable checks being made by The Institute of Agricultural Management in confirmation.
- 3. If accepted onto one of the grades of the Institute, I agree to maintain a high standard of professional practice, conduct and integrity. I understand that failure to observe an acceptable code of conduct may result in my name being removed from Institute membership.

Signed ..... Date .....

**RETURN TO:**

**THE INSTITUTE OF AGRICULTURAL MANAGEMENT**

Portbury House, Sheepway, Bristol BS20 7TE Telephone: 01275 843825 Fax: 01275 374747  
cooksleyandco@btconnect.co

For IAgrM use: Grade Awarded ..... Date .....

Signed by Assessors: 1. .... 2. ....