



Institute of Agricultural Management

Student Application Form

Full Name (inc. title)	
Correspondence address	
	Postcode
Contact telephone number	Email Address

Educational Course Details	
Name of Institution	
Course title	
Start date	Finish date

Other Relevant Information
Any previous relevant Education Courses
Any relevant Employment
Any relevant Training Courses

There is no charge for IAgrM Student Members in Full-Time Education

DECLARATION

1. I wish to be considered for the Student grade of membership of The Institute of Agricultural Management.
2. I certify that the particulars given on the form are a fair and true record. I agree to any reasonable checks being made by The Institute of Agricultural Management in confirmation.
3. If accepted as a student member 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
A: Portbury House | Sheepway | Bristol | BS20 7TE

T: 01275 843825

E: membership@iagrm.com