



Since 1981

ASSOCIATION OF INVESTMENT ADVISERS AND PORTFOLIO MANAGERS

ASSOCIATE/FELLOW MEMBERSHIP APPLICATION FORM

FORM NO. 0001

DATE OF APPLICATION [] [] [] [] [] [] [] [] DAY MONTH YEAR

SURNAME: _____ TITLE: _____

OTHER NAMES: _____

DATE OF BIRTH: _____

STATE OF ORIGIN: _____

MARITAL STATUS: _____

POSTAL ADDRESS: _____

OFFICE ADDRESS: _____

PERMANENT ADDRESS: _____

OCCUPATION: _____

PRESENT EMPLOYER'S NAME (if any): _____

ADDRESS: _____

PHONE NUMBERS: _____

E-MAIL ADDRESS: _____

MEMBERSHIP CATEGORY APPLY FOR:

(Please tick as appropriate)

- STUDENT MEMBER
- ASSOCIATE MEMBER
- FELLOW MEMBER

EDUCATIONAL QUALIFICATION

QUALIFICATION	INSTITUTION	YEAR OF GRADUATION

PROFESSIONAL QUALIFICATION

PROFESSIONAL BODY	CATEGORY OF MEMBERSHIP	DATE QUALIFIED

WORK EXPERIENCE

DATE	ORGANISATION	DESIGNATION	DUTIES

BRIEF DESCRIPTION OF DUTIES PRESENTLY UNDERTAKEN

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REFEREES

We/I hereby recommend the applicant as being suitable for admission as Associate/Fellow member of IAPM. We agree to supply further information under confidential cover in support of his/her application.

NAME	POSITION	SIGNATURE	DATE

APPLICANT

I hereby apply for admission for Associate/Fellow, member of the Association of Investment Advisers and Portfolio Managers. If admitted, I undertake to abide by the rules, ethics and code of conducts of the Association.

Date: **Signature:**

Completed Application forms should be returned to the Secretariat of IAPM with the followings:

- (a) Photocopies of applicant credentials.
- (b) Four recent passport photographs of the applicant
- (c) 3 self addressed envelopes with appropriate stamps.
- (e) Photocopy of receipt issued on purchase of membership form

Note: a, and b, are to be endorsed by referees

OFFICIAL USE ONLY

Date Received Date Acknowledgment sent

Recommended by _____
NAME
SIGNATURE
DATE

Approved by _____
NAME
SIGNATURE
DATE