



FACULTY OF PROFESSIONAL BUSINESS AND TECHNICAL MANAGEMENT

incorporating
Industrial, Computer, Technological and Associated Management

Head Office:

Warwick Corner, 42 Warwick Road, Kenilworth, Warwickshire CV8 1HE United Kingdom
Tel: +44 (0)19 2625 9342 Email: info@pbtm.org.uk Website: www.pbtm.org.uk

APPLICATION FOR MEMBERSHIP

Please print out and complete this Application Form and send with the appropriate fee, passport-sized photograph of yourself and copies of supporting Certificates/Diplomas and qualifications to Head Office at the address given above.

Cheques or postal orders to be made payable to the **Faculty of Professional Business and Technical Management.**

If the application is unsuccessful the fee will be refunded.

Please study the Membership Details and apply for the grade in which you can prove your knowledge, skill, experience and competence.

I wish to apply for (please tick as appropriate):

Companion	£70.00	<input type="checkbox"/>	CFPBTM
Fellow	£55.00	<input type="checkbox"/>	FFPBTM
Full Member	£55.00	<input type="checkbox"/>	MFPBTM
Associate Member	£55.00	<input type="checkbox"/>	AMFPBTM
Technician Member	£45.00	<input type="checkbox"/>	TMFPBTM
Student Member	£25.00	<input type="checkbox"/>	SFPBTM

Please use block capitals in all sections.

Name:

(Please write this exactly as you would like it to appear on your Professional Membership Certificate/Diploma underlining your surname.)

Mr/Mrs/Miss/Other (please state) Nationality:

Date of Birth: Age:

Professional and Academic Qualifications:

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Current Position: Date Appointed:

Business Name:

Business Address:

Private Address:

(Please tick the appropriate box for correspondence address.)

Home Tel No: Business Tel No:

Home Fax No: Business Fax No:

Email Address:

Please give the name and address of one person who is willing to act as your referee. This may be a FPBTM member, director, immediate manager, supervisor, principal, superior, partner or officer, or other responsible person who can substantiate your ability and confirm the particulars given on this form. Referees may be contacted by the Membership Committee. Your referee must sign the Declaration.

Full Name of Referee:

Address:

Tel No: Email Address:

DECLARATION OF REFEREE

I hereby declare that to the best of my knowledge and belief the information set out on this form is accurate and true.

Signed: Position: Date:

DETAILS OF COMPETENCE AND ACHIEVEMENT

Education:

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Note: A photograph of yourself and Photostat copies of all Certificates/Diplomas and Qualifications are required. (These will not be returned.) In some cases sight of the original document may be requested.

Previous positions and duties:

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Please state departments and number of staff for whom you are responsible in your current position:

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Other relevant information (please use extra sheets if necessary):

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How did you know of the FPBTM? (Please tick appropriate box) Advertisement Recommendation

Other (please state):

DECLARATION

I agree that irrespective of the grade for which I have applied, I will accept the grade of membership considered appropriate and awarded me by the Membership Committee. Should I be elected and a Membership Certificate or Diploma be issued to me, I understand that it remains the property of the FPBTM and that I must return it to Head Office upon cessation of membership. I agree to adhere to the FPBTM Members' Code of Conduct and Membership Regulations. I submit my application for membership and declare that all the information given on this form is accurate and true.

Signature: Date:

Please allow 28 days for the process of your application.

FOR OFFICE USE ONLY

Date Fee Received: Amount: Account No: Grade Awarded:

Date of Election: Registration No: Date Cert/Dip sent: