

Membership Application



Institute of
Healthcare
Management

Please read and complete all sections of this form and return to: IHM 18-21 Morley Street London SE1 7QZ
T 020 7620 1030 **F** 020 7620 1040 **E** membership@ihm.org.uk **W** www.ihm.org.uk

Personal Details

Surname _____

Title Dr/Mr/Mrs/Miss/Ms/Other _____

Forenames _____

Date of Birth _____

Home Address _____

Home Telephone _____

Home e-mail _____

Postcode _____

Preferred mailing address: Home

Work

Employment Details

Job Title _____

Employer _____

Work Address _____

Work Telephone _____

Work Fax _____

Work e-mail _____

Postcode _____

Date Appointed _____

Preferred e-mail address: Home

Work

Membership Options

(Please refer to the last page for membership eligibility and subscriptions.)

I wish to apply for:

Select one

Full Member

Associate Member

Only select one if appropriate

Corporate Member

Overseas Member

Reduced Rate Member

Career Break Member

Retired Member

EFM

Work History and Qualifications

Recent Work History

Dates _____ Post Held _____ Organisation _____
