



PLEASE COMPLETE WHERE APPLICABLE

RENEWAL MEMBERSHIP FORM

Membership Corporate  Individual  Student  Subscriber  Fellow

Title MR  MRS  MISS  OTHER  Specify \_\_\_\_\_

Name & Surname \_\_\_\_\_

Gender Male  Female

ID Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Racial Group \_\_\_\_\_

Country of Residence \_\_\_\_\_

Address – Physical \_\_\_\_\_ postal Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Number (work) \_\_\_\_\_ (Fax) \_\_\_\_\_ (Cell) \_\_\_\_\_

Company \_\_\_\_\_

Department \_\_\_\_\_

Designation \_\_\_\_\_

Occupational Levels

	MARK HERE
TOP MANAGEMENT (Board level)	
SENIOR MANAGEMENT	
PROFESSIONALLY QUALIFIED, EXPERIENCED SPECIALIST	
MIDDLE MANAGEMENT	
SKILLED TECHNICAL, ACADEMICALLY QUALIFIED	
JUNIOR MANAGEMENT	
OTHER (Please Specify)	

Email Address \_\_\_\_\_

Friends email \_\_\_\_\_

Referred by \_\_\_\_\_

IPM Branch \_\_\_\_\_

Student Number (if applicable) \_\_\_\_\_

Course/ Degree/ Diploma \_\_\_\_\_

Institution \_\_\_\_\_

Method of payment CASH  CREDIT  CHEQUE

**Credit card details**

Credit Card Number															
Expiry Date of Card		yy		yy		yy		yy		mm		mm			
Credit Card Name (Master/Visa)															

Signature \_\_\_\_\_ Date \_\_\_\_\_

**IPM Banking Details: Standard Bank, Parktown. Account Number: 200 472 526 Branch Code: 000 355**

**Please contact Gail Bennideen at [gail@ipm.co.za](mailto:gail@ipm.co.za) or 011 329 3760 for me more information. also available on [www.ipm.co.za](http://www.ipm.co.za)**