



SUBSCRIPTION FORM 2009



Institute of People Management (IPM)

Gail Bennideen
Communications / Membership
IPM Central Office
1ST Floor Fern Isle Building
359 Pretoria Street
Randburg

P.O. BOX 868
Ferndale
2160

Tel: 011 789 1384
Fax: 011 789 1385
Cell: 083 324 2108
www.ipm.co.za

PLEASE COMPLETE >

Title (Mark with an X)	<input type="checkbox"/> Mr	<input type="checkbox"/>	<input type="checkbox"/> Mrs	<input type="checkbox"/>	<input type="checkbox"/> Miss	<input type="checkbox"/>
Name & Surname						
Gender (Mark with an X)	<input type="checkbox"/> MALE			<input type="checkbox"/> FEMALE		
RSA ID Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Racial Group* (Mark with an X) * This information is necessitated by the need to keep abreast of demographical trends in membership & for BEE reports.	<input type="checkbox"/> AFRICAN			<input type="checkbox"/> INDIAN		
	<input type="checkbox"/> COLOURED			<input type="checkbox"/> WHITE		
Company						
Division/Department						
Designation						
Industry Type (e.g. Service, Banking...)						

Address - Physical	
Address - Postal	
Landline - Work	
Landline - Home	
Cellular number	

PLEASE COMPLETE ▸

E-Mail Address		
Next of Kin/Friend/Colleague E-Mail Address		
Date of Birth		
Referred by...	Name	
	Surname	
	IPM Branch	

OCCUPATIONAL LEVELS

MARK HERE

TOP MANAGEMENT	
SENIOR MANAGEMENT	
PROFESSIONALLY QUALIFIED, EXPERIENCED SPECIALIST	
MIDDLE MANAGEMENT	
SKILLED TECHNICAL, ACADEMICALLY QUALIFIED	
JUNIOR MANAGEMENT	
SEMI-SKILLED	
OTHER (Please Specify)	

SUBSCRIPTION FEES ▸

PEOPLE DYNAMICS: FEE STRUCTURES

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KEEPING IT REAL ▶

In order for articles featured in the People Dynamics magazine to meet your HR needs, please complete the following:

1. Your company's core business activity

2. Your primary job responsibilities

3. Article topics/themes you would like to see in the People Dynamics magazine

4. Please tick the applicable option

Are you responsible for a budget? Yes No

If yes, please select an amount:

R100 000 or less R500 000 or less R1 million or less More than R1 million

5. Please state the budget categories for which you are responsible:

_____	_____
_____	_____
_____	_____

6. Which of the following do you make use of on a frequent basis?

- Personal computer Fax machine Cell phone Laptop Email
 Other (Please specify) _____

BANKING DETAILS ▾

IPM BANKING DETAILS

Bank	Standard Bank Parktown									
Account Number	2	0	0	4	7	2	5	2	6	
Branch Code	000 355									

FAX this form with your proof of payment to:
GAIL BENNIDEEN 011 789 1385

METHOD OF PAYMENT: CASH CHEQUE CREDIT CARD

CREDIT CARD DETAILS

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

SIGNATURE: _____

DATE: _____