

Application for Provisional Student Membership

Name:

Address:

Email:	Postcode/ZIP:
Country:	
Nationality:	Telephone:
Date of Birth:	
Qualifications already held:	
Name of iam accredited centre in the UK:	

I certify that the above applicant fulfils the entry requirements for the following iam qualification (please tick as appropriate):

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Introductory Award in Administrative Management |
| <input type="checkbox"/> | Certificate in Administrative Management |
| <input type="checkbox"/> | Diploma in Administrative Management |
| <input type="checkbox"/> | Diploma in Administration for Executive Assistants |
| <input type="checkbox"/> | Advanced Diploma in Administrative Management |

Name (Head of Centre) _____

Signature (Head of Centre) _____

Date: _____

Centres should return this form, together with a cheque for £35 to: Customer Services, iam, 6 Graphite Square, Vauxhall Walk, London, UK, SE11 5EE Fax: +44(0)2070912619 email:info@instam.org

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