Application Form

For Member or Fellow grade

Membership Requirements
Please ensure that you read the full requirements for your intended grade before completing this application. These can be found in the membership section of our website www ima org uk or in a membership application pack.

Qualifications
Members and Fellows - must hold one of the following:
• a degree in mathematics,
• a degree in mathematics in combination with another subject,
• a joint degree in mathematics with another subject or
• a degree with a sufficient mathematical component such as would be expected in physics or engineering.

Election applications should be accompanied by a transcript.

Experience
Members – in addition to an approved qualification Applicants are required to show that they have three years postgraduate experience, including at least one year whilst not in full-time education, for which their mathematical training is relevant, and that they have an appropriate level of professional standing.

Fellows – in addition to an approved qualification applicants must have:
• completed seven years of research in mathematics or its applications which has made a valuable contribution to the subject, OR
• completed ten years responsible work requiring knowledge and application of mathematics, OR
• made outstanding contributions to the development or application of mathematics.

How to Apply
Applications must be made using an Institute application form which must be signed. The signature constitutes a contract to abide by the rules of the Institute.

The supporting information required for membership must be supplied with the application.

A properly completed application will not be processed until the appropriate fees are received. Current fee details can be found in the membership section of our website www ima org uk or in a membership application pack.

Transfer & Reinstatement applications
A new application form and the appropriate documentation for the grade must be supplied even though some of the information is already known to the Institute. This allows applications to be processed quickly and efficiently.

Code of Conduct
Members must adhere to the Institute’s Code of Conduct. A copy can be found in the Activities/Professional section of our website www ima org uk A copy will also be included in new members packs.

The data you provide will be stored electronically and used only for Institute purposes.

FOR OFFICE USE ONLY

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Last Updated: 22 August 2012
PERSONAL DETAILS:

*Male/Female
Surname or Family Name: …………………………………………………………………………………………………..
*delete as appropriate

Title: …………………………………………… First Name: …………………………………………………………………………………

Middle Name(s): ……………………………………………………………………………………………………………………

Date of Birth: …………………………… Nationality: …………………………………………………………………………………

Please indicate the grade of membership you wish to apply for:

MEMBER / FELLOW

Conditions of Membership
I agree that upon election to membership I will be bound by the bylaws of the Institute’s Royal Charter and by the
rules and regulations of the Institute.

I understand that if I wish to withdraw from membership I must notify the Executive Director of the Institute in writing,
after payment of any arrears due from me.

Declaration
I wish to apply for membership of the Institute of Mathematics and its Applications and I confirm that the details
provided in this application are correct.

Signed: …………………………………………………………………………………………………………………… Date: …………………

CONTACT DETAILS:

Home
Address: ………………………………………………………………………………………………………………………………………

Town: ………………………………………………………………………………………………………………………………………

County/State: ……………………………………………………………………………………………………………………………

Post Code/ Zip: …………………………… Country: …………………………………………………………………………………

Email: ………………………………………………………………………………………………………………………………………

Phone Number: …………………………… Mobile: …………………………………………………………………………………

Work
Name: ………………………………………………………………………………………………………………………………………

Job Title: ………………………………………………………………………………………………………………………………………

Address: ………………………………………………………………………………………………………………………………………

Town: ………………………………………………………………………………………………………………………………………

County/State: ……………………………………………………………………………………………………………………………

Post Code/ Zip: …………………………… Country: …………………………………………………………………………………

Email: ………………………………………………………………………………………………………………………………………

Phone Number: …………………………… Fax Number: …………………………………………………………………………………

Please state preferred mailing address *Home/Work Please state preferred email address *Home/Work

Will your employer pay for or reimburse your subscription?: *Yes/No.
*delete as appropriate
SECTION A:

1. Employment

Employment Category
Please tick one box indicating your MAIN employment category:

- Full time Employee
- Retired
- Full time Voluntary Work
- Part time employee
- Student
- Unemployed
- Self employed

If you ticked box 04, 05, 06 or 07 please go straight to Referees section.

Employment Sector
Please answer the following question referring to your current, main EMPLOYER. Please tick one to indicate the most appropriate.

- Industry
  - Public Sector
    - Business
    - Engineering
    - Financial Services
    - Manufacturing
    - I.T.
    - Utilities
  - Central & Local Govt
  - Executive Agencies
  - Health Care
  - Armed Services
  - Other (please specify)

- Education
  - Primary Education
  - Secondary Education
  - Further Education
  - Higher Education
  - Other (please specify)

Employment Type
Please answer the following question referring to your current, main EMPLOYMENT. Please tick one box to indicate your MAIN activity.

- Administration
- Consultancy
- Education
- Marketing & Sales
- Production
- Research & Development
- Human Resources
- Management
- Technical Support
- Other (please specify)

REFEREES

Applicants should show their application form to two referees who must read and sign it. A signature is taken to mean that in the referee’s opinion the applicant meets the requirements for the grade sought.

Referees should have:
- a detailed knowledge of the applicant’s work and,
- be more senior than the applicant, or of equal seniority but working for a different organisation.

For Member - The ideal arrangement is for one referee to be a corporate member of the Institute or another person who can provide authoritative comment on the applicant’s mathematical background and current work. The second referee should be the applicant’s manager or employer. Where an applicant’s manager or employer is a member of the Institute, only one referee is required.

For Fellow - Both referees should be Fellows of the Institute, wherever possible. Referees who are senior members of other relevant professional bodies may be accepted as an alternative.

Each referee will later be invited to submit a comprehensive reference. These references are crucial in the consideration of the application.
Referee One:
Name: ……………………………………………………………………………………………………………………………………………..
Address: ……………………………………………………………………………………………………………………………………………
Email: ……………………………………………………………………………………………………………………………………………
IMA grade (if any) ……………………………………………………………………………………………………………………………
Other professional qualification (if any) …………………………………………………………………………………………………
In my opinion the candidate meets the requirements for Member/Fellow (delete as appropriate)
Signature ………………………………………………………………………………………………………………………………………

Referee Two:
Name: ……………………………………………………………………………………………………………………………………………..
Address: …………………………………………………………………………………………………………………………………………
Email: …………………………………………………………………………………………………………………………………………
IMA grade (if any) ……………………………………………………………………………………………………………………………
Other professional qualification (if any) …………………………………………………………………………………………………
In my opinion the candidate meets the requirements for Member/Fellow (delete as appropriate)
Signature ………………………………………………………………………………………………………………………………………

QUALIFICATIONS (Post GCE A Level equivalent):

Note: For election to membership applications please supply transcript.

Completed Studies:
University/College: ………………………………………………………………………………………………………………………
Qualification: ……………………………………………………………………………………………………………………………
Main Subject(s): ……………………………………………………………………………………………………………………………
Class or Distinction: ………………………………………………………………………………………………………………………
Date of award: ……………………………………………………………………………………………………………………………

University/College: ………………………………………………………………………………………………………………………
Qualification: ……………………………………………………………………………………………………………………………
Main Subject(s): ……………………………………………………………………………………………………………………………
Class or Distinction: ………………………………………………………………………………………………………………………
Date of award: ……………………………………………………………………………………………………………………………
Qualifications (continued):

University/College: ..................................................................................................................................................
Qualification: .........................................................................................................................................................
Main Subject(s): ..................................................................................................................................................
Class or Distinction: ..............................................................................................................................................
Date of award: .........................................................................................................................................................

Current Studies (if applicable):

University/College: ..................................................................................................................................................
Qualification: .........................................................................................................................................................
Main Subject(s): ..................................................................................................................................................
.................................................................................................................................................................................
Probable month and year of completion: ..................................................................................................................

PROFESSIONAL RECORD

Please provide a statement outlining your current and previous professional activities indicating how you meet the requirements for the grade of membership being sought. Use separates sheets, if necessary and attach a summary publications list, if relevant. The number of separate sheets should not exceed four.

These pages will be copied for the Membership Committee.

Name: .......................................................................................................................... Grade applied for: ............................................
Start/finish dates       Post/occupation       Company/institution
<table>
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<th>Start/finish dates</th>
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In Order to maintain membership, should your application be successful, applicants who hold an appropriate bank accounts, are requested to complete and return the attached direct debit instruction with their applications (see below for first subscription, election or transfer fee payments)

Direct Debit – Your Questions Answered

Q: Will my Instruction be set up before my application is successful?
A: No, Instructions will only be processed once your membership has been accepted and registered.

Q: Can I cancel a Direct debit instruction once it is set up?
A: Yes, Instructions can be cancelled at any time by simply contacting your bank or building society, written confirmation may be required. Please also notify The Institute of Mathematics and its Applications (IMA).

Q: What sort if account do I need to use?
A: Most current accounts at banks and building societies can be used to make Direct Debit payments. Even some special savings accounts also accept them just ask at your branch.

Q: What happens if a mistake is made?
A: If an error is made by the IMA, your Bank, or Building Society you are guaranteed a full and immediate refund (see Direct Debit guarantee for details).

Q: Once set up, do I have to do anything?
A: No, other than making sure there’s enough money un your account when payment is due. The IMA will let you know in advance, at least 28 days, what the collection date and amounts are.

Q: What happens if changes are made?
A: If either the amount or the payment date changes, the IMA will notify you in advance, at least 28 days, of your account being debited.

Q: Will I still receive a notice of subscription renewals?
A: Yes, but they will only be for your information.

If you have any queries regarding your Direct Debit payments please contact:
The Institute of Mathematics and its Application, Membership Department, Catherine Richards House, 16 Nelson Street, Southend-on-Sea, Essex, SS1 1EF

Telephone: 01702 354020 Fax: 01702 345111 Email: membership@ima.org.uk Registered Charity No. 1017777

FIRST SUBSCRIPTION PAYMENT (Please see fee sheet for current fees and payment methods)

Please indicate payment method and supply the appropriate information

☐ I have arranged for a bank transfer. Payee Reference is: .................................................................
☐ I have enclosed a cheque for the amount of: ...................................................................................
☐ Please charge my Credit/Debit Card. Card Type: ............................................................................
   Card Number: .................................................................................................................................
   Valid from Date: ...............................................................................................................................
   Expiry Date: .....................................................................................................................................
   Security Code*: ...............................................................................................................................
   ("last 3 digits on back of card")

Issue No: (Switch only)......................................................................................................................

FOR OFFICE USE ONLY

Collection of Income by Credit/Debit Card

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Institute of mathematics & its applications

Instruction to your bank or building society to pay by Direct Debit

Originator's Identification Number
9 7 0 6 5 7

FOR (BBA) OFFICIAL USE ONLY
This is not part of the instruction to your bank or building society.

Date Recd: __________________________

Date Sent: __________________________

BACS Details: _______________________

Instruction to your bank or building society
Please pay The Institute of Mathematics and its Applications Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with The Institute of Mathematics and its Applications and, if so, details will be passed electronically to my bank/building society.

Name and full postal address of your bank or building society
To: The Manager

Bank/building society

Address

Postcode

Signature(s)

Date

Banks and building societies may not accept Direct Debit Instructions for some types of account

This guarantee should be detached and retained by the payer.

The Direct Debit Guarantee

• This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
• If there are any changes to the amount, date or frequency of your Direct Debit The Institute of Mathematics and its Applications will notify you 28 days in advance of your account being debited or as otherwise agreed. If you request The Institute of Mathematics and its Applications to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
• If an error is made in the payment of your Direct Debit, by The Institute of Mathematics and its Applications or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society – If you receive a refund you are not entitled to, you must pay it back when The Institute of Mathematics and its Applications asks you to.
• You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.