Membership Application Form

AICP | ALLIANCE OF ISLE OF MAN COMPLIANCE PROFESSIONALS

All questions must be answered and printed in ink and in block capitals

1. Membership Type

For which type of Membership are you applying?	Individual	
	Group (see note)	

2. Personal Details

Title	
First Name(s)	
Surname	
Residential Address	
Post Code	
Dietary Requirements (when attending our CPD Events)	

3. Work Details

Company Name	
Job Title	
Department	
Company Address	
Post Code	

4. Qualifications/ Experience

**if applicable please attach a certified copy of pass certificates*

1. Highest Academic qualification obtained	
2. Any Professional Qualification held *please quote details together with year achieved and training provider	
3. If qualified through experience then provide brief summary of your experience or submit copy of current CV	
4. If studying for a professional qualification then please provide details of course undertaken and training provider	
5. Membership of any other professional body (Please provide professional body, level of membership and date attained)	
6. Are you a 'key person' as defined by the Isle of Man Financial Services Authority	

5. Contact Information

Postal correspondence to be delivered to	Home	Work	
Contact email address			
Contact telephone number			

Declaration:

1. I have not been adjudged bankrupt or insolvent or compounded with my creditors.
2. I am not currently or have been subject to disciplinary procedures by the IOMFSA, any professional body or within current or previous employment within the past five years. (If Yes then details will need to be provided)
3. I apply to become a member of the Alliance of Isle of Man Compliance Professionals and agree to abide by the Bye Laws and Regulations and uphold its standards and ethics as published (available on website). Any breach of any Regulations may give rise to disciplinary procedures and termination of my membership.
4. I agree to maintain competence through CPD as outlined in Membership regulations as may be in place from time to time.
5. I know of no reason why I should not become a member.

Our privacy policy is available at www.aicp.im and it explains how we process your data and your rights as a data subject.

Signature .....
Applications sent from your email address are legally binding and do not require a signature

Name in Full .....

Date .....

Payment

The initial annual subscription fee is payable at the time of application. Pro rata rates apply if **Individual** Membership is taken out Sept/Nov (£80), Dec/Feb (£60), Mar/May (£40). **Group** Membership Sept/Nov (£260), Dec/Feb (£200), Mar/May (£140). Thereafter the annual subscriptions are due at the standard rate on 1st June and may be paid by cheque or bank transfer – see details below.

Fees:

Individual	£100 per year*	Group (min 4 persons) Additional 'Group' member	£320 per year* £80*

**Group membership allows for the persons named or designated person in their absence to attend AICP events. Where individuals are applying for Group membership then all application forms along with the cheque/ payment must be provided at the same time. Please note that when more than 4 persons join on same group membership then the incremental additional fee payable will be £80 or the appropriate fee determined by the board of AICP from time to time*

Please make cheques payable to "AICP Limited" and send completed forms and payment to Membership Director, AICP Limited, c/o Cooill ny Greiney, Ballagale Close, Surby, Port Erin, Isle of Man. IM9 6QL

Those wishing to pay by bank transfer should make payment to **AICP account sort code 55-91-00 account number 12869384 quoting "MSHNEW" plus surname for new Individual applications & "MSHGRPNEW" plus Company name for new Group applications** whilst ensuring that the application form is sent to the AICP administrator via email at **aicpiom42@gmail.com**