

Application for Membership (MInstCPD) or Fellowship (FInstCPD)

Full name

Title (Mr/Ms etc)

Date of birth

Honours/Awards/Designatory letters

Other professional bodies of which you are a member

Home address

Telephone

Email

Company/Organisation

Position held

Address

Telephone

Email

Please indicate preferred correspondence address:

Home

Work

Declaration

I hereby confirm my commitment to CPD and that the information given in support of my application is accurate. I agree, if admitted to membership, to abide by the Institute's Code of Conduct and bye-laws (available at www.cpdinstitute.org).

I am applying for the class of Member and enclose with this form a copy of my CV, together with my first subscription.

I am applying for the class of Fellow and enclose with this form a copy of my CV and a copy of my CPD record demonstrating that I have undertaken a minimum of 40 hours of relevant CPD during the last 12 months, together with my first subscription.

Signature

Date

Please send your application, with a cheque for your first subscription of £120 (£100 plus VAT) made payable to RICS, to:
The Membership Office, CPD Institute, RICS - Parliament Square, London SW1P 3AD United Kingdom.