

International Professionals Academy

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INDIVIDUAL MEMBERSHIP FORM

itl	e (Please tick)	□ Mr □ Ms □ Mrs □ Dr □ Pr	of				
	Full Name : _						
2.	Name to be F	Printed in the Certificate:					
3.	Address :						
	 City:		Country :				
4.	Contact Num	bers : Office:	Mobile :				
5. Personal Email ID:							
5.	Date of Birth:		Marital Status :				
7. Total Work Experience:			Gender :	(Male / Female)			
3.	Educational Qualification:						
	S. No.	Course	Which Year?	Institute/University			
).	Professional	Qualification:	· · · · · ·				
	S. No.	Course	Which Year?	Awarding Body			

0. NO.	Course	Which reals	Awarding body

10. Working Experiences

Position	No. of Year		Company
 IPA Website Newspa Reference from Friends/Co IPA Approved Center (Cer 	olleagues 🗆 Oth	ners	
□ Reference from Friends/C	olleagues	ners	
 Reference from Friends/Co IPA Approved Center (Cer 12. If referred by Friends/Colleagues 	olleagues □ Oth nter Name	ners)
 Reference from Friends/Co IPA Approved Center (Cer 12. If referred by Friends/Colleagues Name of the Member: 	olleagues	ners)
 Reference from Friends/Co IPA Approved Center (Cer 12. If referred by Friends/Colleagues Name of the Member: 13. I would like to receive updates from 	olleagues	ners)
 Reference from Friends/Colleagues IPA Approved Center (Cer 12. If referred by Friends/Colleagues Name of the Member: 13. I would like to receive updates from Yes 14. Any Other Details : 	olleagues □ Oth nter Name : om IPA (UK): □ No	ners Members)
 Reference from Friends/Colleagues IPA Approved Center (Cer 12. If referred by Friends/Colleagues Name of the Member: 13. I would like to receive updates from Yes 14. Any Other Details : 	olleagues □ Oth nter Name : om IPA (UK): □ No	ners Members) ship No
 Reference from Friends/Co IPA Approved Center (Cer 12. If referred by Friends/Colleagues Name of the Member:	of 'IPA (UK)' and a	ners Members) ship No
 Reference from Friends/Colleagues IPA Approved Center (Cer 12. If referred by Friends/Colleagues Name of the Member:	of 'IPA (UK)' and a lations of IPA (UK)	ners Members	ship No

I declare that the statements made through this application are correct to the best of my and belief and that I agree to be governed by the By-Laws of the IPA(UK) as, they now exist and hereafter if they be altered. I further undertake that I will promote the objectives of IPA(UK).

If at any time I fail to comply with the requirements if the IPA(UK) with regards to the membership, I undertake to return the Membership Certificate and privileges associated with the membership. I also undertake to abide by the IPA (UK) Code of Conduct that the IPA Executive Council Board may frame from time to time.

Date: _____

Signature: _____