

IRPM Member Examination Registration Form (Scotland)

(For Associates of the Institute to progress to Member grade)

Name _____

Title _____

IRPM Associate No _____

Home Address _____

Daytime tel no _____

E-mail _____

(Please note that all correspondence will be sent to the e-mail address that you provide here)

Employer _____

I would like to sit the IRPM Member examination on Tuesday 27 October 2015 in :-

Glasgow

N.B in certain circumstances and subject to demand we will endeavour to arrange alternative locations(s) if travel to either of the above proves a great inconvenience. If this is the case please indicate your town or region of preference:

Declaration: Please contact us with information about any special support or circumstances which the CIH should be aware of in respect of helping you to take this examination: e.g Size of print, access to the examination room.

CLOSING DATE FOR APPLICATIONS IS FRIDAY 16 OCTOBER 2015

The Institute of Residential Property Management
In association with
The Chartered Institute of Housing



IRPM Member Examination Registration Form

(For Associates of the Institute to progress to Member grade)

Please direct all booking enquiries to Lynda Duke at CIH on 024 7685 1754

Please complete the payment details below and return your form by:

Post: Education Department, CIH, Octavia House, Westwood Way, Coventry, CV4 8JP
Fax: 02476 695110
E-mail: IRPM@cih.org

Bank details for BACS Transfer:

Account number: 50177628
Sort code: 20-23-55

Examination Fees:

- First sitting of Member examination £360.00 (VAT not applicable)
 Retake of Member examination £100.00 (VAT not applicable)

Please tick method of payment and delete as appropriate:

- I enclose a cheque for £360/£100 made payable to the Chartered Institute of Housing
 I will make a BACS transfer for £360/£100 to the Chartered Institute of Housing
 I would like to pay £360/£100 by Credit/Debit card. Please contact Lynda Duke on 02476 851 754
 Please send an invoice for £360/£100 to the address below:

Contact and Invoice address:

Signature:

Position:

Date:

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