

Membership Application form













1. About you				
Full name				
Email address				
Job title				
Company				
Building name or number	Locality			
Town/City	Postcode			
Country	Phone number			
2. Membership type				
Full Associate Affiliate – 12 months £399 £149				
Will this membership will be paid for by you personally or by your employer? Me Employer				
If you require a company package, contact Robert Dann on robert.dann@irs.org.uk or call +44 (0) 20 7379 1764				
3. Reasons for membership				
Please tick any that apply				
Professional/career development	Discounts on Society courses and events			
Educational opportunities	Access to best practice information			
Networking opportunities	Ensuring the voice of the IR profession is heard			
Keeping up to date with the latest developments	Access to potential customers			
Professional credibility	Other			

4. How did you hear about the IR Society?				
Friend/colleague	Previously a member			
IR Society event	Company a member			
IR Society email	IR Society mailing			
Search engine	Informed magazine			
Other (please specify)				
5. Relevant qualifications				
Please tick any that apply				
Certificate in Investor Relations (CIR)	re the date DDDMMMY			
ACCA/FCCA CIMA	CIBS			
ICSA	CIPFA OUBS			
CFA CPA	SII			
Other (please specify)				
6. Areas of interest				
We try to keep members up to date with the informa please tick any that are relevant from the list below	tion that is most relevant for them –			
Role of an IRO	Communications			
IR and the board	Digital & Online			
Governance & Proxy	Using advisers			
Policy & Regulation	Research, Analysis & Tools			
Corporate reporting	Careers in IR			
ESG, Sustainability & Corporate responsibility	Debt IR			
Sell-side management	Other (please specify)			

7. Payment details				
Total payment amount				
3				
Cheque made payable to The Investor Relations Society				
Invoice sent to the address in section 1		purchase order/cost nt etc. if necessary		
BACS transfer. This should be made to HSBC, Poultry & Princes Street, London EC2P 2BX. Branch code: 40 05 30 Account number: 61821881 . Please advise when the payment has been made				
Debit or credit card	Visa	Mastercard	Switch/Delta	
Card number				
Expiry date	Issue number Se	curity number		
M M Y Y				
Name of the cardholder				
Billing address (if different from the	nat entered in section 1)		
Building name or number		Locality		
Town/City		Postcode		
Country				
Please sign and date regardless of payment method				
Signature		Date		

Please return this form to:

Robert Dann, The Investor Relations Society, 5th Floor, 30 Coleman Street, London EC2R 5EA If you have any queries, contact Robert Dann on robert.dann@irs.org.uk or call +44 (0) 20 7379 1764