

INSTITUTE OF MAXILLOFACIAL PROSTHETISTS & TECHNOLOGISTS



Application for MEMBERSHIP (MIMPT)

Please read the information enclosed carefully.
Complete relevant sections in black ink and block capitals

Internet Website: www.impt.co.uk

Registered as a charity. Registered in England under Charity Number 1013059
A Company Limited by Guarantee. Registered in England under Company Registration Number
2334615

Registered Office: 50 Summer Hill, Halesowen, West Midlands B63 3BU



The Institute of Maxillofacial Prosthetists & Technologists

**INSTITUTE OF MAXILLOFACIAL PROSTHETISTS & TECHNOLOGISTS
PRIVATE LIMITED COMPANY INCORPORATED UNDER
THE COMPANIES ACT 1985
UNDER COMPANIES REGISTRATION No. 2334615**

I
(Name in full)

of.....
.....
..... (Address in full)

being a *member of the unincorporated Institute of Maxillofacial Prosthetists & Technologists, hereby irrevocably undertake to the Company now incorporated as a Company Limited by Guarantee under the above heading and details that, in the event of the liquidation or other determination of the above named company, I will pay a sum not exceeding £1.00 (ONE POUND STERLING) to the Liquidator or Receiver or other appointed officer appointed by the members of the Company or the High Court for the purposes of winding up, resolving or otherwise determining the Company's affairs.

DATED:.....

(SIGNED)

PERSONAL DETAILS
(BLOCK LETTERS PLEASE)

Surname:

Forename(s)

Date of birth:

Professional Address (to be used for postal contacts)

.....
.....
.....
.....

Telephone number:

E mail:

Please select the type of membership required by indicating a tick (✓) in the appropriate box. All new applications **requires a common entry fee. If you are applying for FULL membership following the successful completion of your AIB you do not require to pay the common entry fee.*

Type of Membership	Fee	Period	Select
Associates	£50	annual subscription	
Oversea Affiliate	£79	annual subscription	
MiT	£79	annual subscription	
Members	£100	annual subscription	
Fellows	£100	annual subscription	
<i>Retired</i>	£25	annual subscription	
Common entry	+30	in addition to the above	

Name, signatures and membership numbers of IMPT Full Members or Fellows who support this application:

My application is sponsored by: (signature)

Membership Number

My application is seconded by: (signature)

Membership Number

Payment

When paying electronically, individuals must include their full name and IMPT roll number (if you have one) as reference.

Membership fees can be made by the following methods only

- at a bank via the counter service: direct debit or standing order
- electronic fund transfer

Please note: there is no option of paying by cheque or by PayPal

IMPT bank details for membership payments

Account name:	Institute of Maxillofacial Prosthetists and Technologists
Account number:	51325558
Sort Code:	40-17-16
Bank Address:	HSBC 94 East Street, Chichester West Sussex, PO19 1HD UNITED KINGDOM
International Bank Account Number [IBAN]:	GB61HBUK40171651325558
Branch Identifier Code [BIC]:	HBUKGB4103S

Declaration

I certify that, to best of my ability, the above details are accurate and correct. I do this in the understanding that should, at any time, Council of IMPT find that any or all of these freely given particulars be untrue then my registration with the Institute of Maxillofacial Prosthetists & Technologists will be made null and void. I enclose with this application all appropriate fees and subscriptions to signify my good intent.

signed: date:

Completed application should be uploaded to the IMPT google drive or sent to the IMPT registrar. Should you have any question please contact the Registrar by email on imptregistrar@gmail.com.