

9. Statement by Proposer and Seconder

Applications for Fellow, Member and Associate must be supported by two IPP members, or Corporate Members of the British Parking Association. If this is not possible, please contact the IPP Membership Services for guidance. (Please ask the BPA Corporate Members to write in their Association membership number.) I certify that all information given is, to the best of my knowledge, complete and correct and that the applicant is worthy of election to the grade applied for.

Applications for Affiliate Membership only require one endorsement from the applicant's line manager.

Proposer's Name: _____ IPP Grade: _____

Signed: _____ BPA Membership No. (if member of the BPA): _____

Seconder's Name: _____ IPP Grade: _____

Signed: _____ BPA Membership No. (if member of the BPA): _____

The IPP Membership Manager is the data controller for the personal data in this form for the purposes of the Data Protection Act 1998. You have a right to a copy of the data held on you and to ask for any inaccuracies to be corrected. Institute of Parking Professionals, Stuart House, 41/43 Perrymount Road Haywards Heath, West Sussex RH16 3BN Tel: 01444 447300 Fax: 01444 454105 Email: membership@theipp.co.uk



INSTITUTE OF PARKING PROFESSIONALS

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MEMBERSHIP@THEIPP.CO.UK WWW.THEIPP.CO.UK

The Institute of Parking Professionals is an initiative of the British Parking Association



BRITISH PARKING ASSOCIATION

INSTITUTE OF PARKING PROFESSIONALS

Encouraging excellence



Application to join the Institute of Parking Professionals

(Please use black ink or typewritten script and complete all sections in full.
If you are applying to transfer to a different grade within IPP, please use the IPP Transfer Form.)

1. Personal Details

Surname:	

First name(s):	

Title (Mr/Mrs/Ms/Miss):	Other (please specify):
_____	_____
Home address:	

Postcode:	

Home Tel:	Mobile:
_____	_____
Home/Private Email:	Date of birth:
_____	_____

2. Employer Details

Organisation Name:			

Address:			

Postcode:			

Business Tel:	Business fax:		
_____	_____		
Business Email:			

Please indicate where you would like to receive correspondence from the IPP			
Home	<input type="checkbox"/>	Business	<input type="checkbox"/>

3. Current Position

Current post held or job title:

Date Appointed:

What is your specialism?

(Please be as precise as possible.)



INSTITUTE OF PARKING PROFESSIONALS

MEMBERSHIP@THEIPP.CO.UK

4. Professional Institutions:

List your membership with dates of election.

5. Which grade are you applying for?

(Please see Membership Requirements and tick relevant box under Route 1 or 2)

	Route 1	Route 2
Fellow	<input type="checkbox"/> Degree/S/NVQ5	<input type="checkbox"/> 15 years' experience (10 in parking/civil enforcement position)
Member	<input type="checkbox"/> S/NVQ4	<input type="checkbox"/> 7 years' experience (5 in parking/civil enforcement position)
Associate Member	<input type="checkbox"/> HNC, HND, degree	<input type="checkbox"/> 5 years' supervisory experience
Affiliate Member	<input type="checkbox"/> Operational level	<input type="checkbox"/> Studying full or part-time

6. Educational Qualifications (post school)

(Please list most recent first.)

Qualifications Achieved	Dates	Colleges - where studied and where awarded	Certified by
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(Please continue on separate page if needed.)



