



MEMBERSHIP APPLICATION FORM

For more information on how your application and data will be processed, please see our data protection notice and policy at <https://ipi.ie/privacy-policy/>

PLEASE CAREFULLY NOTE THE FOLLOWING INSTRUCTIONS

Please download and complete this membership application form and collect necessary accompanying documentation before beginning the application process online.

Save the entire document, noting the file name and its location. Once completed and saved you should return to the 'Join the IPI' section of www.ipi.ie

We recommend you keep a copy of your application for your records. Please also upload any additional information with your application that you would like assessed alongside your application for IPI membership.

If your planning qualification is not accredited by the Irish Planning Institute, you are required to include a transcript which includes details of the ECTS credits for your qualification with your application.

Please note: For Corporate and Affiliate Membership, if you cannot provide two nominations from current Corporate IPI members, please contact the Institute before submitting your application.

Submit your completed application form with proof of academic qualifications and any additional information when you make your application online at www.ipi.ie

The onus to provide all required information is with the applicant. Application assessment may be delayed if all relevant information is not included with your application.

A: MEMBERSHIP CATEGORY

Corporate

Are you currently a member of the IPI in another category?
If yes, please specify category.

Graduate

Are you formerly an IPI member?
If yes, please provide membership category and dates.

Student

Fellow

Are you a member of any other professional body?
If yes, please specify

Affiliate

WHY HAVE YOU DECIDED TO JOIN THE IPI?

Employment Opportunities

Membership Network

Exclusive Content

CPD

Professional Recognition

Other (please specify):

B: APPLICANT INFORMATION

Full name:

Home address:

Telephone:

Mobile:

Email:

C: EDUCATION / RELEVANT QUALIFICATIONS

Course name:

Degree type:

Name & address
of institution:

Attended from:

Attended to:

Year of expected graduation (only required for Student applications):

Course name:

Degree type:

Name & address
of institution:

Attended from:

Attended to:

Please provide details of any other third level education or courses completed:

D: PROFESSIONAL EXPERIENCE

This section is not applicable to Student applications. Please begin with your most recent work experience, and note that current and former employers may be contacted to confirm your employment details.

Please also provide an up-to-date version of your CV with details of your professional experience as a separate document.

Job title:

Company:

Address:

Employed from:

Employed to:

Please provide details of principal duties:

Referee:

Title:

Telephone:

Email Address:

Job title:

Company:

Address:

Employed from:

Employed to:

Please provide details of principal duties:

Referee:

Title:

Telephone:

Email Address:

E: NOMINATIONS

If you are applying for Corporate, Affiliate or Fellow Membership, please provide the name and contact details of two current Corporate / Fellow members of the Institute to propose you for membership.

Proposer 1:

Membership Category:

Telephone:

Email:

Proposer 2:

Membership Category:

Telephone:

Email:

F: FELLOWSHIP

If you are applying for Fellow Membership, please additionally provide:

- An outline of your involvement as a Corporate Member on the Irish Planning Institute Council or as an officer on one of the Institute's branches (a minimum of four years required)
- A detailed description of your contribution to the development of the Institute.

Please continue on a separate document if necessary.

G: UNDERTAKING

I agree to being governed by the Constitution and Code of Ethics and Professional Conduct of the Institute and understand, as a member, the requirements of Sections 169 and 215-217 of the Companies Act 2014 regarding the maintenance of a register of members by the Institute.

I undertake

I hereby confirm that all details and particulars provided by me are correct

I agree

I agree that the IPI may make any enquiries it considers necessary to establish such matters as qualifications and experience, and to the release by other people/ organisations (including any employer/ former employer / third level institution) of such information as may be necessary for that purpose.

I agree

I consent to my data being used as outlined in the Institute's Data Protection Notice and Policy.

I agree

H: DECLARATION AND SIGNATURE

Signature:

Date: