



INTERNATIONAL INSTITUTE OF RISK AND SAFETY MANAGEMENT (IIRSM)

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Change of Address / Appointment Details

Please inform us by the **20th of the Month**
to ensure that the following month's mailing is directed to a new address

Name: _____

Membership Number: _____
(see over)

Change of address effective from: _____

Please send mail to (HOME/BUSINESS) address: _____

New Home Address: _____

Post Code: _____ Telephone Number: _____

E-mail Address: _____

New Business Details: Job title: _____

Company Name: _____

Company Address: _____

Post Code: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Details of new appointment for inclusion in Newsletter (up to 40 words): _____

This form may be faxed on +44 (0)20 8741 1349
Alternatively use our online form at www.iirsm.org - Members Section - Change of Address

Request for Membership Information

If you would like a colleague to be sent information about membership of the IIRSM please post or fax this form to us or telephone +44 (0)20 8741 9100.

Please send membership details to my colleague: _____
(please print name)

Address: _____

Introduced by: _____ Membership Number: _____