

# IPA application for corporate membership

The contents of this application are strictly  
**PRIVATE AND CONFIDENTIAL**  
and for the attention of IPA personnel only

Please return the completed form to the  
IPA Membership Applications Department

This form is also available from our website  
**[www.ipa.co.uk](http://www.ipa.co.uk)**

**Institute of Practitioners in Advertising**

44 Belgrave Square London SW1X 8QS

*telephone:* 020 7235 7020

*fax:* 020 7245 9904

**[www.ipa.co.uk](http://www.ipa.co.uk)**

# IPA welcome

Thank you for your interest in becoming a corporate member of the IPA, one of the world's pre-eminent trade bodies for marketing communications agencies.

Our mission is straightforward: to promote the value of our agencies in membership. We do this in two ways: firstly, by acting as a spokesman and representing our members on issues of common concern; and secondly, by contributing to their professional operation via our range of advisory, information and training services.

Currently, we have over 260 of the UK's brightest and best agencies in membership, who between them handle an estimated 85 per cent of all UK advertising spend.

Gaining membership is no easy task and we have exacting criteria in place to ensure we admit only agencies that are suitably qualified to wear our badge (please see the following Preface for more details on our entry criteria).

Accordingly, this application form asks for a lot of detail about your agency but please don't let this deter you from applying. The extensive benefits of membership make the effort well worthwhile.



A handwritten signature in blue ink, which appears to read 'Moray MacLennan'. The signature is fluid and cursive, written in a professional style.

Moray MacLennan  
IPA President

# IPA preface

## About the IPA

The IPA is the industry body and professional institute for leading advertising, media and marketing communications agencies in the UK. Its role is to serve, promote and anticipate the collective interests of its members; and in particular to define, develop and help maintain the highest possible standards of professional practice within the business.

## Admission to membership

To qualify for corporate membership, an agency must satisfy the following criteria:

- 1** The agency must be a company that is primarily concerned with the provision of branding services to clients, designed to create, maintain and enhance the value of their brands through advertising, design, media planning and buying and marketing communications.
- 2** The agency applying for admission to IPA membership must give an undertaking to observe, in the event of admission, the provisions of the Memorandum and Articles of Association of the IPA and the Rule Book. Such undertaking shall be included in the form of application for admission and shall be signed by the agency's Chief Executive Officer (CEO) or equivalent authorised person.
- 3** The agency shall only be considered for membership of the IPA (and be permitted to remain in membership) if it can prove to Council and the IPA Secretariat that it:
  - a) Complies with the definition of an agency set out in 1 above;
  - b) Has and maintains a gross income of at least £460,000 per annum, or such other figure as Council shall from time to time decide;
  - c) Is solvent and has been trading continuously for at least two years (Provisional membership is available for companies who have traded for less than 2 years but satisfy all other criteria);
  - d) Has no recent history of insolvency or other voluntary financial arrangements or Director's disqualifications;
  - e) Supports self-regulation and complies with ASA adjudications;
  - f) Commits to achieving Continuing Professional Development (CPD) accreditation by the end of its first full calendar year in membership;
  - g) Is based in the European Union; and
  - h) Passes a resolution at a Board meeting approving membership.

# IPA application for corporate membership

## Section 1

## Company details

<b>Company name</b>		Q1
<b>Company registration number</b>		Q2
<b>Date company established</b>		Q3
<b>Type of agency</b>	Please include a copy of your standard credentials presentation	Q4
<b>Address of head office</b>		Q5
<i>Unless informed otherwise, the IPA would use this address for all correspondence</i>		
	TEL	FAX
	E-MAIL	WEB SITE
<b>Does your company own or lease its offices?</b>	Own <input type="checkbox"/> Long-term lease (i.e. 12 months or more) <input type="checkbox"/> Short-term rent/serviced offices <input type="checkbox"/>	Q6
<b>Does your company have any branch offices elsewhere?</b>	NAME	Q7
<i>If more than one, please attach a full list</i>		
	ADDRESS	
	TEL	FAX
	E-MAIL	WEB SITE
	RELATIONSHIP TO APPLICANT COMPANY	
<b>Details of capital structure</b>		Q8
Nominal capital and division		
Issued capital and division		
Shares issued for a consideration other than cash	(full names)	(numbers and class of shares)
<b>Shareholders and shareholdings</b>	SHAREHOLDERS	SHAREHOLDINGS
		Q9

**Does any other advertising/media/  
marketing communications  
agency, parent company,  
advertiser, media owner or other  
supplier have a direct or indirect  
financial interest in your company?**

If yes, please provide details

Q10

**Does your company have a direct  
or indirect financial interest in  
any other advertising/media/  
marketing communications agency,  
advertiser, media owner or other  
supplier?**

If yes, please provide details

Q11

**Is your agency a member of an  
independent agency network?**

If yes, please provide details

Q12

*e.g. Worldwide Partners*

**Does your company have any  
county court judgements  
against it?**

If yes, please provide details

Q13

5

INTERNAL USE

**Why does your agency want to  
become an IPA member?**

Q14

## Section 2

## Financial information

### Turnover and gross income\* (give dates for your financial year)

\*Turnover less cost of sales (same as gross profit)

Q15

20

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MONTH	YEAR	TURNOVER	GROSS INCOME*
Estimate, <i>current year to</i>			
Actual, <i>past year to</i>			
Actual, <i>previous year to</i>			

### Audited accounts

Please enclose a copy of the agency's full audited accounts, including a balance sheet and profit and loss account, for its last financial year, for confidential use by the Institute's Secretariat only. (It is a requirement of membership that audited accounts should be sent to the Institute annually.)

Q16

### Approximate breakdown of income in the current year, by discipline

Brand experience	%
Creative fees	%
Data analytics	%
Design (online/offline)	%
Digital marketing	%
Direct marketing	%
Media commission/fees	%
Planning	%
Public relations	%
Recruitment	%
Research	%
Sales promotion	%
Search	%
Service fees	%
Sponsorship	%
TV production	%
Other items	%
	<b>100%</b>

Q17

### Approximate breakdown of income, by type of activity

UK business-to-business	%
UK consumer	%
Overseas	%
	<b>100%</b>

Q18

### Approximate breakdown of income, by account

Biggest account	%
Next three biggest	%
Next five	%
Others (give numbers)	%
	<b>100%</b>

Q19

3

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**Does your company have insurance cover for:**

*Neither form of insurance is mandatory for membership, although both are strongly recommended*

**Credit risk\*** Yes  No  *If yes, please specify insurance company and limit*

Q20

3  
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**Professional indemnity\*** Yes  No  *If yes, please specify insurance company and limit*

3  
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**Do you subscribe to:**

**The National Readership Surveys** Yes  No   
**BARB audience research** Yes  No   
**IPA TouchPoints** Yes  No

Q21

**By which media associations are you credit listed/recognised:**

NPA  NS  PPA  TV Eye

Q22

**Are you a member of any other marketing association/trade body?**

BIMA  DMA  IAB  IDM   
MCCA  MMA  SEMPO

Q23

Other, please name

**Section 3**

**Clients**

**Details of your principal clients**

Please attach a statement giving details as follows:

- Name of client
- Local, national or international
- Estimated income for your company in the current year
- How long you have held the account

Q24

**Client accounts gained and lost**

Please attach details of client accounts gained and lost during the last three years

Q25

**Do you have a standard client/agency contract?**

If yes, please attach a copy of your standard contract or terms of business

Q26

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**Who is responsible for checking your agency's proposals for legal and regulatory compliance?**

Chief Executive/MD  Head of Client Services   
Account Director  In house legal adviser   
Other

Q27

**How do you record compliance procedures?**

Please provide example documentation or describe the process

Q28

5  
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**Section 4**

**Directors and employees**

**Names of all directors\***

Q29

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**\* IMPORTANT**

**Please attach a statement giving details for each director including:**

- Name
- Position in company
- Date of appointment
- Total number of years of agency experience – *please list previous employers, positions and dates*
- Other business connections
- Qualifications

Have any of your directors been involved in any company that has been investigated by the DTI or declared insolvent or bankrupt?

If yes, please provide details

Q30

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Name of company secretary

Q31

Please list any directors/employees of your company who are currently either a Personal Member (MIPA) or Fellow (FIPA) of the IPA

Q32

Number of full-time staff, including directors, in the categories shown

YEARS IN ADVERTISING/MARKETING COMMUNICATIONS	UP TO 5	6-10	11-20	OVER 20	TOTAL
Account management					
Creative					
Design					
Digital content					
Finance					
Media					
Planning					
Print production					
Public relations					
Research					
Search					
Other (please specify)					
<b>Total</b>					

Q33

5

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Do you have a standard contract of employment?

If yes, please attach a copy

Q34

3

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Do you have a staff handbook?

If yes, please attach a copy

Q35

3

INTERNAL USE

Do you have a standard employee appraisal policy document?

If yes, please attach a copy

Q36

3

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Do you have a health and safety policy document?

If yes, please attach a copy

Q37

5

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Do you have any additional policies on ageism, disability, ethnicity or sustainability?

If yes, please attach a copy

Q38

5

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Does your office and website comply with disability obligations?

Yes  No

Q39

3

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**What agency management systems do you have?**

Adnet	<input type="checkbox"/>	Maconomy	<input type="checkbox"/>
Adserve	<input type="checkbox"/>	Rebus/Paprika	<input type="checkbox"/>
Adsoft	<input type="checkbox"/>	SAP	<input type="checkbox"/>
Advantage	<input type="checkbox"/>	Sunerqist	<input type="checkbox"/>
Concept	<input type="checkbox"/>	Temparg	<input type="checkbox"/>
Data Valley	<input type="checkbox"/>	Other	<input type="checkbox"/>
DDS	<input type="checkbox"/>	None	<input type="checkbox"/>
In house	<input type="checkbox"/>		

Q40

**Do you have a business continuation plan?**

If so, please provide a copy

*(i.e. to enable your agency to continue servicing clients in the event of your office being affected by an emergency such as fire, flood or terrorism)*

Q41

5  
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**Other than a salary, what benefits do you offer employees?**

Car	<input type="checkbox"/>	Pension	<input type="checkbox"/>
Healthcare	<input type="checkbox"/>	Performance bonus	<input type="checkbox"/>
Life insurance	<input type="checkbox"/>		
Other, please list:			

Q42

6  
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## Section 5

## References

**Referees to your agency's financial standing**

**Please give TWO companies, full postal addresses and contact names for each category**

Q43

**First client referee**

**Client company**

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CONTACT NAME

**Second client referee**

CONTACT NAME

**First media referee**

**Media company** (if you provide media planning and buying services)

CONTACT NAME

**Second media referee**

CONTACT NAME

**First supplier referee**

**Supplier company**

CONTACT NAME

**Second supplier referee**

CONTACT NAME

**Company bank**

Bank name and address

Q43b

CONTACT NAME

TEL

FAX

**Institute referees**

**Please give the names of two individual members (MIPAs) of the Institute**  
*(a list of current MIPAs is available from the IPA Membership Department)*

Q44

**First Institute referee**

**Second Institute referee**

**Section 6**

**CPD commitment**

It is a requirement of membership that all agencies commit to achieving Continuous Professional Development (CPD) accreditation by the end of their first full calendar year in membership.

**Registration of CPD commitment**

AGENCY NAME

Q45

I, the undersigned, confirm on behalf of my agency, in my capacity as Chief Executive/Chairman, that we are committed to achieving CPD accreditation by the end of our first full calendar year in membership.

**Chief Executive/Chairman signature**

NAME IN BLOCK CAPITALS PLEASE

DATE

**Contact details**

Please give contact details for the Board Director who will be responsible for co-ordinating the CPD programme in the agency

NAME

POSITION

TEL

FAX

E-MAIL

MOBILE

## Section 7

### Draft Board Meeting Minutes

It is a requirement of membership that all agencies endorse their application by way of a resolution passed at a Board meeting similar to the wording suggested below. The IPA requires a copy of these minutes duly signed.

At a meeting of the Board of *insert name of agency*

convened on *insert date* it was resolved that:

*“the officers of the company shall apply for the company to become an Incorporated Practitioner in Advertising and shall submit an application form to the Institute of Practitioners in Advertising in that respect, the contents of which shall be true and accurate.”*

and

*“If elected to become a member of the Institute of Practitioners in Advertising, the officers of the company shall be bound by all the provisions of the Memorandum and Articles of Association and any Bye-laws, rules and regulations of the Institute for the time being in force, and shall comply with the IPA CPD requirements. The officers acknowledge that failure to do so will result in termination of our membership. Additionally, the officers acknowledge that should they wish to resign from membership of the Institute at any stage, they are obliged to notify the Institute in writing prior to 1st November, failing which the subscription becomes due for the whole of the following year.”*

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Signed

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Job title

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Date

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## Section 8

### Submission of application

Please send the completed and signed form, together with all the required attachments, to: Membership Applications, IPA, 44 Belgrave Square, London SW1X 8QS.

#### Membership Registration Fee

It is a requirement of membership for all applicant agencies to pay a Registration Fee of £400 plus VAT (£470 in total). An application will only be processed once payment has been received. Please note, this fee is non-refundable in the event of an application being rejected. To request an invoice for this fee, please contact the IPA Membership Applications Department (tel: 020 7235 7020).

Payment can be made via cheque or BACS (HSBC, Sorting Code: 40-03-17 and Account Number: 40476285).

#### The application process

Once the IPA has received your completed form and Registration Fee, your application will be processed internally to ensure it complies with the criteria for membership set out in the Preface to this form. A scoring system is in place to assist in this process. A visit to your agency by a representative of the IPA Membership Committee will be arranged, after which your application will be tabled for approval by both the full Committee and, subsequently, the IPA Council, both of which meet every quarter. If your application is successful your membership will be confirmed thereafter.

#### Confidentiality

The contents of this form will be treated in the strictest confidence by the IPA and will be seen by IPA personnel only.