

ASSOCIATION OF HR PROFESSIONALS–MEMBERSHIP APPLICATION

Personal Details

Last Name:

Other names (underline preferred first name):

National Identity Card number:

Postal Address:

E-mail:

Telephone number: Mobile:

Present Employment

Company Name: Date joined:

Company Address: Office contact No:

Designation: Office e-mail ID:

Reporting to (designation):

Prior Work Experience

Company	Position /Designation	Start	End

Education Qualifications & Institutes

1.

2.

3.

I certify that information provided above is accurate to best of my knowledge. I agree to pay the registration fee and membership fee applicable to selected membership category.

.....
Signature

.....
Date

FOR OFFICE USE ONLY
Nominated for
<input type="checkbox"/> Associate Membership
<input type="checkbox"/> Professional Membership

NOTE

This form serves to process your application to “Associate member” or “Professional member” categories. Applicant may required to submit certified copies of educational and service certificates prior to determination of the membership category.