

CIHRM

CHARTERED INSTITUTE OF HUMAN RESOURCE MANAGEMENT, GHANA

CORPORATE MEMBERSHIP

APPLICATION FORM

(A) DETAILS OF APPLICANT COMPANY

NAME OF COMPANY / ORGANIZATION: _____

HEAD OFFICE POSTAL ADDRESS: _____

LOCATION: _____

TEL NO.: _____

EMAIL ADDRESS: _____

WEBSITE ADDRESS: _____

YEAR OF ESTABLISHMENT: _____

NAME OF CEO / PRESIDENT / CHAIRMAN / MD: _____

ADDRESS: _____

TEL NO.: _____

EMAIL ADDRESS: _____

NATURE OF BUSINESS: _____

NUMBER OF EMPLOYEES: _____ FINANCIAL YEAR: _____

LATEST GROSS TURNOVER: _____

(B) WE AGREE TO ABIDE BY THE CONSTITUTION AND CODE OF CONDUCT OF CIHRM, GHANA, AND TO PAY MEMBERSHIP SUBSCRIPTION FEES PROMPTLY, INCLUDING ANY LEVIES THAT MAY BE INSTITUTED FROM TIME TO TIME.

WE UNDERSTAND THAT AFTER THE ACCEPTANCE OF OUR CORPORATE MEMBERSHIP APPLICATION, WE ARE ENTITLED TO NOMINATE ONE PERSON TO REPRESENT US AT AGMS AND OTHER FORA ORGANIZED BY CIHRM, GHANA.

WE NOMINATE: _____ AS OUR REPRESENTATIVE

ADDRESS: _____

TEL NO.: _____

EMAIL ADDRESS: _____

REFEREES (AT LEAST TWO OF THE THREE FROM TOP-LEVEL MANAGEMENT OF THE COMPANY):

- _____

- _____

- _____

SIGNATURE: _____

DATE:

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COMPANY STAMP

DOCUMENTS TO BE SUBMITTED ALONG WITH APPLICATION:

- LATEST AUDITED ACCOUNTS
- CORPORATE BROCHURE/COMPANY PROFILE

(C) FOR OFFICE USE ONLY

1. DATE RECEIVED: DATE APPROVED:

2. MEMBERSHIP CERTIFICATE NO.:

3. _____ DATE:

CHAIRMAN, MEMBERSHIP COMMITTEE

4. APPLICATION FEE OF GHS 300.00 IS INCLUDED.

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