



INDIVIDUAL MEMBERSHIP APPLICATION FORM

SECTION 1: TYPE OF REGISTRATION

New Registration Re – Registration Upgrade

FOR OFFICIAL USE ONLY			
Membership Number	Fellow Member	<input type="checkbox"/>	
Date of Approval	Full Member	<input type="checkbox"/>	Option:
Minutes of Approval	Associate Member	<input type="checkbox"/>	Option:
CyHRMA Code	Student Member	<input type="checkbox"/>	

***Please mark (☒) the option that fits best your credentials:**

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| <p>Fellow Member
 CyHRMA Full Member for 10 years and Contribution: Members in this category should have served as Members of the Board of Directors for at least 1 full term or have been Members of the Association's Committees for at least 4 years with proven active participation. <input type="checkbox"/></p> <p>Full Member (Option 1)
 Holder of a University degree or/and postgraduate university degree in an HR-related field and three years of experience in a role within the HR field. The Board of Directors determines the HR-related fields in the Policy Manual. <input type="checkbox"/></p> <p>Full Member (Option 2)
 Holder of any University degree and holder of an equivalent professional qualification which is provided by a National Association which is Member-Country of the World Federation of People Management Associations (www.wfpma.com) and three years of experience in a role within the HR field. <input type="checkbox"/></p> <p>Full Member (Option 3)
 Holder of any University degree and 10 years of experience in a role within the HR field. <input type="checkbox"/></p> | <p>Associate Member (Option 1)
 Holder of a University degree or/and postgraduate degree in an HR-related field. The Board of Directors determines the HR-related fields in the Policy Manual. <input type="checkbox"/></p> <p>Associate Member (Option 2)
 Holder of a University degree/ postgraduate degree in the Business field such as Business Administration, Business Management etc and has at least 3 years of experience in Human Resources Management matters. <input type="checkbox"/></p> <p>Associate Member (Option 3)
 A person who holds a Line Management position (line manager) and handles, among other duties, Human Resource Management matters for at least 5 years. <input type="checkbox"/></p> <p>Associate Member (Option 4)
 A person who works in the Human Resource Management field for at least five years. <input type="checkbox"/></p> <p>Student Member
 Registered student in a University or other Tertiary Education Institution in Cyprus or abroad, in the Human Resources Management or Business field, having Human Resources Management related subjects as core/ major subjects or/and attends courses towards the award of an equivalent professional qualification which is provided by a National Association which is Member-Country of the World Federation of People Management Associations (www.wfpma.com). <input type="checkbox"/></p> |
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SECTION 2: PERSONAL INFORMATION

First Name _____ **Surname** _____ **Middle Name** _____ **Date of Birth** _____
Postal Address (1) _____ **Area** _____ **Post Code** _____ **Town** _____
Postal Address (2) **P.O. Box** _____ **Post Code** _____ **Town** _____ **Country** _____
Home Number _____ **Mobile Number** _____ **Office Number** _____ **Fax Number** _____
Email Address (1) _____ **Email Address (2)** _____

SECTION 3: ACADEMIC AND PROFESSIONAL QUALIFICATIONS

*Please submit copies of degrees required for the approval of your application *(as per Section 1)*

NAME OF UNIVERSITY/BODY	FIELD OF STUDIES/QUALIFICATION	YEAR
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION 4: EMPLOYMENT HISTORY

*Please specify chronologically (newest first) your work experience related with the sector of HR only *(as per Section 1)*

From (dd/mm/yyyy)	To (dd/mm/yyyy)	Organization	Job Title/ Position	Main HR Duties

SECTION 5: AGREEMENT TO MEMBERSHIP AND SOLEMN DECLARATION

- I have read, understand and agreed with the CyHRMA Constitution, Policy Manual, Processing and Protection of Personal Data Policy and Codes of Professional Practice and Ethics.
- I understand the Membership Termination Procedure as described in the CyHRMA Constitution.
- I hereby give my consent for automatic CyHRMA membership renewal every year. I understand that I can leave at any time, provided I have settled all my financial obligations with the Association, by sending a written notice at info@cyhrma.org.
- I understand that fees are subject to change.
- I understand the membership fee is strictly non-refundable and non – exchangeable.
- I allow CyHRMA to process my personal data within the scope of its activities.
- I allow CyHRMA to record and capture audio-visual material of my participation at its events, which will be publicised through CyHRMA’s communication channels and networks.
- I understand that I can withdraw my consent for the processing of my personal data, by sending an email at info@cyhrma.org.
- I hereby confirm that the information stated above is true and accurate.

Date: _____ Applicant’s Signature: _____

Please mail the Membership Application Form to P.O. Box 28785, 2082 Nicosia, Cyprus or send it via email to info@cyhrma.org.