



Please mail the Membership Application Form along with the required certificates to P.O. Box 28785, 2082 Nicosia, Cyprus or send it via email to [info@cyhrma.org](mailto:info@cyhrma.org).

**FOR OFFICIAL USE ONLY**

Membership Number  
Date of Approval  
Minutes of Approval  
CyHRMA Code

## CORPORATE MEMBERSHIP APPLICATION FORM

### SECTION 1: TYPE OF REGISTRATION

New Registration       Re - Registration

### SECTION 2: CONTACT INFORMATION

**\*Please submit any corporate certificate(s).**

**Name of Organization** \_\_\_\_\_

**Postal Address** \_\_\_\_\_

**Area** \_\_\_\_\_

Town \_\_\_\_\_

Post Code \_\_\_\_\_

Country \_\_\_\_\_

P.O. Box \_\_\_\_\_

Post Code \_\_\_\_\_

Town \_\_\_\_\_

**Telephone**

**Number** \_\_\_\_\_

**Fax Number** \_\_\_\_\_

**Website** \_\_\_\_\_

**Email Address** \_\_\_\_\_

### SECTION 3: GENERAL INFORMATION

**Type of Company**

- Not-For-Profit
- Off-Shore
- Private
- Public
- Semi-Government

**Company Size**

Total number of employees:

Total number of HR Personnel:

**Type of Industry**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Accounting/Auditing     | <input type="checkbox"/> Electricity - Energy                  | <input type="checkbox"/> Oil & Gas Services            |
| <input type="checkbox"/> Agriculture             | <input type="checkbox"/> Electronic                            | <input type="checkbox"/> Transportation & Distribution |
| <input type="checkbox"/> Airlines                | <input type="checkbox"/> Pharmaceutical                        | <input type="checkbox"/> Research                      |
| <input type="checkbox"/> Automotive              | <input type="checkbox"/> Food, Beverage & Tobacco              | <input type="checkbox"/> Retail                        |
| <input type="checkbox"/> Banking, Brokerage      | <input type="checkbox"/> Health Care                           | <input type="checkbox"/> Telecommunication             |
| <input type="checkbox"/> Computer                | <input type="checkbox"/> Insurance                             | <input type="checkbox"/> Tourism                       |
| <input type="checkbox"/> Construction & Building | <input type="checkbox"/> Legal                                 | <input type="checkbox"/> Other (please specify):       |
| <input type="checkbox"/> Consulting Services     | <input type="checkbox"/> Manufacturing                         |  |
| <input type="checkbox"/> Education/University    | <input type="checkbox"/> Media, Advertising & Public Relations |  |

*Join the CyHRMA and receive all benefits we offer to our Members!*

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### SECTION 3: DETAILS OF REPRESENTATIVES

#### 1. Representative

<b>First Name</b>	_____	<b>Surname</b>	_____
<b>Job Title / Position</b>	_____	<b>Telephone Number</b>	_____
<b>Fax Number</b>	_____	<b>Email Address</b>	_____

#### 2. Representative

<b>First Name</b>	_____	<b>Surname</b>	_____
<b>Job Title / Position</b>	_____	<b>Telephone Number</b>	_____
<b>Fax Number</b>	_____	<b>Email Address</b>	_____

#### 3. Representative

<b>First Name</b>	_____	<b>Surname</b>	_____
<b>Job Title / Position</b>	_____	<b>Telephone Number</b>	_____
<b>Fax Number</b>	_____	<b>Email Address</b>	_____

#### 4. Representative

<b>First Name</b>	_____	<b>Surname</b>	_____
<b>Job Title / Position</b>	_____	<b>Telephone Number</b>	_____
<b>Fax Number</b>	_____	<b>Email Address</b>	_____

### SECTION 4: 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](mailto: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](mailto:info@cyhrma.org).
- I hereby confirm that the information stated above is true and accurate.



**Cyprus Human Resource Management Association**

Address: 8 Pindarou, Office 103, 1060, Nicosia, Cyprus

Post Address: P. O. Box 28785, 2082, Nicosia, Cyprus

Tel: +357 22 318081 | Fax: +357 22 318083 | Email: [info@cyhrma.org](mailto:info@cyhrma.org)

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Date \_\_\_\_\_

Name of Authorized Signatory \_\_\_\_\_

Signature \_\_\_\_\_

Organization's Stamp