

# **Cyprus Human Resource Management Association**

Address: 8 Pindarou, Office 103, 1060, Nicosia, Cyprus | Postal Address: P. O. Box 28785, 2082, Nicosia, Cyprus Tel: +357 22 318081 | Fax: +357 22 318083 | Email: info@cyhrma.org

# **INDIVIDUAL MEMBERSHIP APPLICATION FORM**

# **SECTION 1: TYPE OF REGISTRATION**

New Registration Re – Registration

gistration 🔄 Upgrade

## \*Please mark (区) the option that fits best your credentials:

#### **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.

#### 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.

#### 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 (<u>www.wfpma.com</u>) **and** three years of experience in a role within the HR field.

#### Full Member (Option 3)

Holder of any University degree and 10 years of experience in a role within the HR field.

FOR OFFICIAL USE ONLY						
Membership Number	Fellow Member					
Date of Approval	Full Member	Option:				
Minutes of Approval	Associate Member	Option:				
CyHRMA Code	Student Member					

#### 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.

#### Associate Member (Option 2)

Holder of a University degree/ postgtraduate 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.

#### 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.

#### Associate Member (Option 4)

A person who works in the Human Resource Management field for at least five years.

#### 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 (<u>www.wfpma.com</u>).

# **SECTION 2: PERSONAL INFORMATION**

First Name		Surname	Middle N	ame		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)						

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### 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)	<b>To</b> (dd/mm/yyyy)	Organization	Job Title/ Position	Main HR Duties

# SECTION 5: AGREEMENT TO MEMBERSHIP AND SOLEMN DECLARATION

#### By completing and signing this form, I confirm the following:

I have read, understood and agree with the CyHRMA Constitution, Policy Manual, Code of Ethics and Privacy Policy.

I give my consent for the automatic annual renewal of my CyHRMA membership.

I understand that I can unsubscribe or withdraw my consent at any time, provided I have settled all my financial obligations towards the Association, by sending a written notice at info@cyhrma.org.

I understand that membership fees are subject to change, strictly non-refundable and non-exchangeable.

 $\hfill \square$  I allow CyHRMA to process my personal data for the purposes of my membership.

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.

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.*