



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.

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

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

2. Representative

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

3. Representative

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

4. Representative

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

SECTION 4: AGREEMENT TO MEMBERSHIP AND SOLEMN DECLARATION

By completing and signing this form, we confirm that our company representatives:

- Have read, understood and agree with the CyHRMA Constitution, Policy Manual, Code of Ethics and Privacy Policy.
- Give their consent for the automatic annual renewal of our Company’s membership to CyHRMA.
- Understand that they can unsubscribe or withdraw their consent at any time, provided the company has settled all its financial obligations towards the Association, by sending a written notice at info@cyhrma.org.
- Understand that membership fees are subject to change, strictly non-refundable and non-exchangeable.
- Allow CyHRMA to process their personal data for the purposes of our Company’s membership.
- Allow CyHRMA to record and capture audio-visual material of their participation at its events, which will be publicised through CyHRMA’s communication channels and networks.
- Confirm that the information stated above is true and accurate.

Date _____

Name of Authorized Signatory _____

Signature _____

Organization’s Stamp

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