**INDIVIDUAL MEMBERSHIP APPLICATION FORM**

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| **SECTION 1: TYPE OF REGISTRATION** | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **FOR OFFICIAL USE ONLY** | | | | | | Membership Number |  | Fellow Member |  |  | | Date of Approval |  | Full Member |  | Option: | | Minutes of Approval  CyHRMA Code |  | Associate Member |  | Option: | | Student Member |  | | |
| New Registration  Re – Registration  Upgrade |
|  |

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

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| --- | --- | --- | --- | --- |
| **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. |  |  | **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. |  |
| **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. |  |  | **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. |  |
| **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](http://www.wfpma.com)) **and** three years of experience in a role within the HR field. |  |  | **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. |  |
| **Full Member (Option 3)**  Holder of any University degree **and** 10 years of experience in a role within the HR field. |  |  | **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](http://www.wfpma.com)). |  |

**SECTION 2: PERSONAL INFORMATION**

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| **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)***

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| --- | --- | --- | --- | --- |
| **NAME OF UNIVERSITY/BODY** |  | **FIELD OF STUDIES/QUALIFICATION** |  | **YEAR** |
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**SECTION 4: EMPLOYMENT HISTORY**

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

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| --- | --- | --- | --- | --- |
| **From**  (dd/mm/yyyy) | **To**  (dd/mm/yyyy) | **Organization** | **Job Title/ Position** | **Main HR Duties** |
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**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](mailto:info@cyhrma.org).

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

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*](mailto:info@cyhrma.org). |