**INDIVIDUAL MEMBERSHIP APPLICATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 1: TYPE OF REGISTRATION** |

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| --- |
|  **FOR OFFICIAL USE ONLY** |
| Membership Number  |       | Fellow Member | [ ]  |  |
| Date of Approval |       | Full Member  | [ ]  | Option:      |
| Minutes of ApprovalCyHRMA Code |       | Associate Member  | [ ]  | Option:      |
| Student Member  | [ ]  |

 |
| [ ]  New Registration [ ]  Re – Registration [ ]  Upgrade |
|  |

**\*Please mark (⌧) 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. | [ ]  |  | **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**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
|       |  |       |       |
|       |  |       |       |
|       |  |       |       |
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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)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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.

[ ]  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.

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| --- | --- | --- |
| 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*. |