**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**

|  |  |
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| **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**

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

**SECTION 3: DETAILS OF REPRESENTATIVES**

|  |
| --- |
| 1. **Representative**
 |
| **First Name** |       | **Surname** |       |
| **Job Title / Position** |       | **Telephone Number** |       |
| **Fax Number** |       | **Email Address** |       |

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| 1. **Representative**
 |
| **First Name** |       | **Surname** |       |
| **Job Title / Position** |       | **Telephone Number** |       |
| **Fax Number** |       | **Email Address** |       |

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| **Job Title / Position** |       | **Telephone Number** |       |
| **Fax Number** |       | **Email Address** |       |

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| 1. **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 |  |