**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**

|  |  |  |
| --- | --- | --- |
| 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** |  |

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| 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](mailto: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 |  | |