



---

## MEMBERSHIP FORM

First Name : .....

Last Name : .....

Organisation : .....

Job Title : .....

Org. Address : .....

Org. Email : .....

Org. Phone : .....

Org. Fax : .....

Home Address : .....

Home Phone : .....

Mobile : .....

Personal Email : .....

---

Years in HR : .....

Highest Education Level : .....

---

I hereby apply for membership in the Association for Human Resource Professionals (AHRP) and submit the above information for consideration. If accepted, I agree to abide by the Code of Practice, regulations and by-laws of the association. I certify that all of the submitted information is accurate and I understand that it is a breach of the association Code of Practice to provide false information. I understand that the association may release my membership information to certain partners/approved groups from time to time as required. And I understand that I must pay the annual dues to maintain my membership in AHRP.

Signature: .....

Date: .....