

MEMBERSHIP OF PROFESSIONAL BODIES

NAME OF PROFESSIONAL BODY	GRADE OF MEMBERSHIP	DATE OF ELECTION

EMPLOYMENT HISTORY :

NAME & ADDRESS OF EMPLOYER	DATE (FROM-TO)	POSITION HELD

PROFESSIONAL TRAINING COURSES ATTENDED:

DECLARATION BY APPLICANT

I, _____ declare that the statements made herein are correct to the best my knowledge and belief, and that I agrees to be governed by any Bye-Law/Regulation and code of conduct of the Institute.

SIGNATURE OF APPLICANT

DATE

CERTIFICATION BY IMMEDIATE SUPERIOR OF THE APPLICANT OR HEAD OF DEPARTMENT OF HIS/HER ORGANISATION

I, certify that the particulars given above are correct to the best of my knowledge and belief

NAME: _____

ORGANISATION: _____

ADDRESS: _____

POSITION: _____

SIGNATURE, OFFICIAL STAMP & DATE

SPONSOR (Must be an Associate, Member or Fellow of the Institute)

Full Name: _____

Membership Grade: _____

Number: _____ **Organization:** _____

Position: _____

Signature: _____

Date: _____

FOR OFFICIAL USE ONLY

Eligible Not Eligible Receipt No

Date Registered Recommended Grade

Membership Number