

INSTITUTE OF HUMAN RESOURCE MANAGEMENT PRACTITIONERS GHANA

APPLICATION FORM FOR CORPORATE MEMBERSHIP

(A) DETAILS OF APPLICANT COMPANY

FULL NAME OF COMPANY

HEAD OFFICE'S POSTAL ADDRESS

LOCATION

TEL

FAX

WEBSITE & EMAIL ADDRESSES

YEAR OF ESTABLISHMENT

NAME OF CEO/PRESIDENT/CHAIRMAN/MD

ADDRESS

TEL

EMAIL

NATURE OF BUSINESS

NUMBER OF EMPLOYEES

LATEST GROSS TURNOVER

FINANCIAL YEAR

INSTITUTE OF HUMAN RESOURCE MANAGEMENT PRACTITIONERS GHANA

(B) WE AGREE TO ABIDE BY THE CONSTITUTION AND CODE OF CONDUCT OF IHRMP, GHANA AND TO PAY MEMBERSHIP FEES PROMPTLY.

WE UNDERSTAND THAT AFTER THE ACCEPTANCE OF OUR CORPORATE MEMBERSHIP APPLICATION, WE ARE ENTITLED TO NOMINATE ONE PERSON TO REPRESENT US AT AGMS AND OTHER FORA ORGANIZED BY IHRMP, GHANA.

WE NOMINATE AS OUR REPRESENTATIVE

ADDRESS

TEL

EMAIL

Referees (At least two of the three from top level management of the company):

•
.....
•
.....
•
.....

Signature:

Date:

Company Stamp

INSTITUTE OF HUMAN RESOURCE MANAGEMENT PRACTITIONERS GHANA

Documents to be submitted along with application:

- Latest audited Accounts
- Corporate Brochure/Company Profile

(C) FOR OFFICE USE ONLY

1. Date Received: _____ Date Approved: _____

2. Membership Certificate No. _____

3. Date: _____

Chairman Membership Committee

4. Amount Paid _____

