

THE CENTRE FOR HRM EXCELLENCE

APPLICATION FORM

NAME: _____

CURRENT STUDY: _____

QUALIFICATIONS: _____

REASONS FOR JOINING: _____

MEMBERSHIP LEVEL APPLIED FOR: (tick appropriate box)

Fellow (Foundation member, Management Committee member)

Associate (Student member)

Affiliate (Industry professional)

Business member (Company or similar)

AGREEMENT regarding CONTRIBUTIONS:

Every member will contribute at least one HRM question (suitable for answering) and write at least one 'answer' contribution per year. The contributions will become the property of The Centre. Not making a reasonable contribution along these lines is grounds for your membership to be closed without notice.

There is no fee for joining CHRME. As our comments are general in nature, The Centre does not have Public Liability insurance.

SIGNED:

DATE:

I agree that my photograph and written contributions can be used by the centre

CONTACT DETAILS:

EMAIL: _____

MOBILE: _____