

# Chartered Institute of Labor & Human Resources Managers



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## Membership Application Form

### 1) APPLICANT'S DETAILS (PLEASE USE BLOCK CAPITALS)

TITLE:

SURNAME: FORENAME:

HOME ADDRESS

POSTAL ADDRESS

### 2) HIGHER EDUCATION AND QUALIFICATIONS

TO ENSURE WE ARE ABLE TO SPEED YOUR APPLICATION THROUGH QUICKLY, PLEASE ENSURE YOU ENCLOSE COPIES OF YOUR QUALIFICATIONS AND UP TO DATE CV

AWARD

INSTITUTION

TITLE OF COURSE

DATES

### 3) CURRENT EMPLOYER COMPANY NAME: JOB TITLE

### 4) MEMBERSHIP GRADES

Please tick as appropriate

◇ CHARTERED ASSOCIATE

◇ CHARTERED FELLOW

◇ CHARTERED DOCTORAL FELLOW

5. REFERENCES

A REFERENCE MUST BE SUPPLIED BEFORE THE APPLICATION IS PROCESSED

REFEREE MUST BE A DIRECTOR OR SENIOR OFFICER OF YOUR COMPANY OR ORGANIZATION.  
IF YOU ARE SELF-EMPLOYED, OR HEAD OF YOUR ORGANIZATION.

I HAVE KNOWN THE APPLICANT FOR \_\_\_\_\_ YEARS AND SUPPORT HIS/HER APPLICATION FOR MEMBERSHIP.  
TO THE BEST OF MY KNOWLEDGE, THE DETAILS OF HIS/HER APPLICATION ARE CORRECT.

NAME

(CAPITALS) \_\_\_\_\_ JOB TITLE

C O M P A N Y

(CAPITALS) \_\_\_\_\_ SIGNATURE

I AGREE TO ACCEPT THE DECISION OF THE COUNCIL AS MY ELIGIBILITY FOR ELECTION ONTO THE APPROPRIATE GRADE OF MEMBERSHIP. IF SELECTED I AGREE TO ABIDE BY THE INSTITUTE'S CHARTER AND BYE-LAWS AND DO HEREBY CONFIRM THAT THE INFORMATION PROVIDED ARE TRUE.

APPLICANT SIGNATURE

DATE

