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CIPFM

Chartered Institute of Professional Financial Managers

Associate – Fellow Application form

Associate Membership form



MEMBERSHIP APPLICATION FORM

Name _____ (/Prof/Dr/Mr/Mrs)

(Surname) (Other names)

Date of Birth: _____ Sex: _____

Marital Status: _____

Postal Address: _____

Residential Address: _____

E-mail Address: _____ Tel: _____

Current Job Information:

Name and Address of Organisation: _____

Nature of Business: _____ Date of Employment _____

Position at Employment: _____ Current Position: _____

Previous Job Information

Designation	Company	Period		Employees Controlled	
		From	To	No	Grade

ACADEMIC RECORDS

Please provide details about the following:

University/College	Month & Year		Qualifications Obtained
	From	To	

Other professional qualification(s) if any and dates of completion of exams

Professional Bodies	Month & Year		Qualification(s)
	From	To	

DECLARATION

I certify that the information given in this form is correct to the best of my knowledge.
I agree to pay all future fees and subscriptions for which I become liable failing which the institute is authorized to terminate my membership subject to due notice. I hereby undertake to observe and be bound by the provisions of the Article and Rules of the Institute.

Signature of Application

Date of Application