



Chartered Institute of Administrators and Management Consultants-Ghana  
P. O. Box LG 645, Legon, Accra, Ghana/ P.O. Box AF 331 Adenta, Ghana  
Tel. 00 233 307030183

## **MEMBERSHIP UPGRADE**

### **APPLICATION FORM**

#### **(A) Personal Details**

1. Title: (Nana, Dr, Prof., Chief, Mr., Mrs., Miss, Alhaji, Rev. Pastor, etc.)
2. Legal name: .....  

<i>First Name</i>	<i>Middle Name</i>	<i>Surname</i>
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3. Current Contact Address: .....
4. Current Mobile Telephone No: .....
5. Current Home Telephone No: .....
6. Current E mail Address: .....

#### **(B) Work Details (GENERAL – TO BE FILLED BY ALL APPLICANTS)**

7. Current Place of work: .....
8. Department: .....
9. Duty Post: .....
10. Rank: .....
11. Job Description: .....
12. Date of Last Promotion: .....

**(C) CIAMC MEMBERSHIP INFORMATION**

13. Current Membership Grade (i.e.-Affiliate, Graduate, Licentiate, Associate, Full Member):

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14. Date Achieved Current Membership Grade: .....

15. New Membership Grade Being Applied For: .....

16. Name of Branch/Area/Zone/National Committee/CIAMC Operational Dept (if CIAMC Member):

17. Name of Branch/Area/Zone/National Committee/CIAMC Operational Dept. (if CIAMC Staff)

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18. Membership Status in the past three years: .....

19. Past Position(s) / Activities in the Institute: .....

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20. Current Position(s) / Activities in the Institute: .....

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DATE-----

SIGN-----

**RECOMMENDATIONS BY:**

**BRANCH/AREA/ZONE PRESIDENT / SECRETARY OR COMMITTEE CHAIR**

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**BRANCH SECRETARY'S NAME & SIGN/DATE**

**BRANCH PRESIDENT'S NAME & SIGN/DATE**

**FIRST REFEREE'S INFORMATION**

Name of Referee: .....

Membership Grade: .....

Past Position (s) in the Institute: .....

Current Position (s) in the Institute: .....

Membership Status: .....

Current Mobile Phone Number: .....

Email Address: .....

**REFEREE'S RECOMMENDATION**

**SIGNATURE AND DATE:** .....

**SECOND REFEREE INFORMATION**

Name of Referee: .....

Membership Grade: .....

Past Position (s) in the Institute: .....

Current Position (s) in the Institute: .....

Membership Status: .....

Current Mobile Phone Number: .....

Current Email Address: .....

**REFEREE'S RECOMMENDATION**

**SIGNATURE AND DATE:** .....

**MEMBERSHIP COMMITTEE'S RECOMMENDATIONS**

.....  
NAME /SIGN/DATE  
(MEMBER / SECRETARY)

.....  
NAME /SIGN / DATE  
(MEMBER)

.....  
NAME /SIGN / DATE  
(MEMBER)

.....  
NAME /SIGN / DATE  
(MEMBER)

.....  
NAME/SIGN/DATE  
(MEMBERSHIP COMMITTEE CHAIRMAN)

**BOARD'S APPROVAL**

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(BOARD CHAIRMAN)

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(REGISTRAR / CEO)