



ZAMBIA INSTITUTE OF HUMAN RESOURCE MANAGEMENT

Enacted by parliament under Act No.11 of 1997 of the Laws of Zambia to regulate the practice of Human Resource Management in Zambia.

APPLICATION FORM FOR INSTITUTIONAL MEMBERSHIP

Application for Institutional membership should be accompanied by:

1. Institution's profile
2. Subscription

SEND ALL THE ABOVE TO:

THE REGISTRAR

ZAMBIA INSTITUTE OF HUMAN RESOURCE MANAGEMENT
P.O BOX 51038
RIDGEWAY LUSAKA

TELEPHONE: +260 211 234537
MOBILE PHONE: +260 0977 941 940
EMAIL: zihrm@iconect.zm
WEBSITE: www.zihrm.zm

1. Name of Institution.....
2. Number of Human Resource Students.....
3. Qualification offered (indicate if it is certificate or diploma in Human Resources)
4. Mailing Address.....
.....
4. Post Code.....
5. Tel.....
6. Email.....
7. Fax.....
8. Institution's Town.....

DECLARATION TO BE SIGNED BY THE APPLICANT

I hereby make an application to the Executive Committee of the Zambia Institute of Human Resources Management for admission to the Institute and I submit Particulars in support of my application. If admitted, I undertake to accept and agree to abide by the Code of Ethics of the Institute and endeavour to advance its work. I further undertake not to use the meetings or organization of the Institute to promote any business interests of my own.

I certify that the entries on this form are correct.

I enclose the appropriate fees totalling **ZMK** _____
(Please enter the amount which will be acknowledged).

Name _____

Job Title _____

Signature: _____ Date: _____

