



**Zambia Institute of  
Human Resource  
Management**

**Membership Upgrade Form**

Please, provide the following information needed for membership upgrading

1.0 Name: \_\_\_\_\_

2.0 Current membership Category. \_\_\_\_\_

3.0 Period of membership in current category \_\_\_\_\_

4.0 Up grading to \_\_\_\_\_

5.0 Sex: \_\_\_\_\_

6.0 Physical Address:  
\_\_\_\_\_  
\_\_\_\_\_

7.0 Telephone No.: \_\_\_\_\_

8.0 Mobile Phone: \_\_\_\_\_

9.0 Fax Number: \_\_\_\_\_

10.0 Email: \_\_\_\_\_

11.0 Organisation: \_\_\_\_\_

12.0 Position held in the Organisation: \_\_\_\_\_

13.0 \* **FOR UP GRADE PLEASE ATTACH A COPY OF YOUR CURRENT MEMBERSHIP CERTIFICATE AND YOUR CV**

*The Registrar*  
**ZIHRM**  
*1st Floor Superannuation House*  
*Western Wing*  
**Ben Bella Road LUSAKA.**  
*Email: [Zihrm@iconnect.zm](mailto:Zihrm@iconnect.zm)*  
*Telefax: 234537/234536*  
*Website: [www.zihrm.org.zm](http://www.zihrm.org.zm)*