



**Zambia Institute of  
Human Resource  
Management**

### **Membership Renewal Form**

Please provide the following information needed for membership Renewing

- 1.0 Name: \_\_\_\_\_
- 2.0 Current membership Category. \_\_\_\_\_
- 3.0 Period of membership in current category \_\_\_\_\_
- 4.0 Sex: \_\_\_\_\_
- 5.0 Physical Address:  
\_\_\_\_\_  
\_\_\_\_\_
- 6.0 Telephone No.: \_\_\_\_\_
- 7.0 Mobile Phone: \_\_\_\_\_
- 8.0 Fax Number: \_\_\_\_\_
- 9.0 Email: \_\_\_\_\_
- 10.0 N.r.c No \_\_\_\_\_
- 11.0 Organisation: \_\_\_\_\_
- 12.0 Position held in the Organisation: \_\_\_\_\_

*The Registrar  
ZIHRM  
PO Box 51038, Ridgeway  
Lusaka  
Off Lubambe Road  
Northmead.*

*Email: [info@zihrm.org.zm](mailto:info@zihrm.org.zm)  
Telefax: 234537/234536  
Website: [www.zihrm.org.zm](http://www.zihrm.org.zm)*