

# The Chartered Institute of Supply Chain Management, Ghana.

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## MEMBERSHIP APPLICATION FORM

ALL ENTRIES IN BLOCK LETTER (Please tick as appropriate)

Thro: The Secretary of Council

To: The Council of the Chartered Institute Supply Chain Management

\*  Full Member of the Chartered Institute Supply Chain Management

\*  Associate of the Chartered Institute Supply Chain Management

\*  Graduate Member of the Chartered Institute Supply Chain Management

Name: \_\_\_\_\_ (Mr/Mrs)  
(Surname) (Other names)

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Residential Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Tel: \_\_\_\_\_

(a) **Current Employment Information:**

Name and Address of Organisation: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Date of Employment \_\_\_\_\_

Position at Employment: \_\_\_\_\_ Current Position: \_\_\_\_\_

(b) **Previous Employment Information**

| Designation | Company | Period (Given Month & Year) |    | Employees Controlled |       |
|-------------|---------|-----------------------------|----|----------------------|-------|
|             |         | From                        | To | No                   | Grade |
|             |         |                             |    |                      |       |
|             |         |                             |    |                      |       |
|             |         |                             |    |                      |       |
|             |         |                             |    |                      |       |

For Official Use Only

Date of Submission of Form: \_\_\_\_\_ Initial of Receiving Officer: \_\_\_\_\_

Checked by: Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EDUCATION INFORMATION

In further support of my application, I furnish the following details:

i) Full-Time education, e.g. University or Polytechnic or College of Education

| University/Polytechnic/College | Month & Year |    | Degree, Diploma, Certificate Obtained |
|--------------------------------|--------------|----|---------------------------------------|
|                                | From         | To |                                       |
|                                |              |    |                                       |
|                                |              |    |                                       |
|                                |              |    |                                       |
|                                |              |    |                                       |

ii) 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 are 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.

In support of my application, I furnish the particulars on page 1, 2 and 3 herewith and enclose N\_\_\_\_\_ in payment of admission fee, subscriptions, development levy due etc. The payment receipt number received is quoted here for your reference (\_\_\_\_\_)

\_\_\_\_\_  
Signature of Application

\_\_\_\_\_  
Date of Application

**REFEREE REPORT/RECOMMENDATION**

We, the undersigned, having known the applicant

Who is seeking election as a Fellow/Full Member/Associate Member/Graduate Member of the Institute, hereby recommend him/her from personal knowledge as a fit and proper person for election.

Referees (must be a member of the following institute ACISM, ACIWM, ACA, ACIPS, CPA, and LLB)

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

Contact Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Position: \_\_\_\_\_

Institute Designatory Fellow/Full Member/Associate \_\_\_\_\_ No: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

**COMPLETED FORM MUST BE SUBMITTED WITH THE FOLLOWINGS:**

- a) 2 Passport Photographs
- b) Photocopy of certificate and diploma
- c) 2 Self addressed stamped envelopes
- d) Any other relevant documents
- e) Photocopy of the receipt/teller

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Recommendation of the Registrar:

Elected as:

- |  |  |
|--|--|
| <input type="checkbox"/> Fellow              | <input type="checkbox"/> Graduate Member         |
| <input type="checkbox"/> Full Member         | <input type="checkbox"/> Honorary Fellow         |
| <input type="checkbox"/> An Associate Member | <input type="checkbox"/> Candidate Not Qualified |

Reason(s) for disqualification \_\_\_\_\_

**President & Chairman of Council approval:**

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

**MEMBERSHIP NO.**