INSTITUTE OF PROJECT MANAGEMENT PROFESSIONALS

REGISTERED PROFESSIONAL BODIES No: PB. 68, 2016



The Chartered Body for Project Manangement Professionals

MEMBERSHIP APPLICATION FORM

Please indicate the Membership Level you wish to pursue:		
Indicate your choice Project Manag	gement Professionals (PMP) M	embership Level.
a) Project Management Foundatio	n (Student, Associate, & Full N	Лembership)
b) Project Management Intermediate (Chartered, Master, & Consultant/Engineer)		
c) Professional (Fellow, Honoring F	ellow, Distinguished Fellow)	
	~ MANAGE	Aug.
SECTION A: PLAC	CE OF WORK (ORGANIZ	ZATION DETAILS)
1. NAME OF ORGANISATION:		
Position:	Department:	
2. INDICATE WHETHER: PUBLIC	PRIVATE	NGO/PARASTATAL
3. POSTAL ADDRESS:		<u>.</u>
GPS:	Location:	<u></u>
E-mail: M	obile No	. Tel. No
		1911
<u>SECTION</u>	B: PARTICULARS OF A	<u>IPPLICANT</u>
4. FULL NAME		
(IN BLOCK CAPITALS: N	IUST BE HOW YOU WANT IT ON YOUR CERTIFIC	CATE: SURNAME UNDERLINED)
Tax Identification Number (TIN):		GPS:
E-mail: M	obile No	Tel. No
Postal Address:		
5. NATIONALITY:		
6. AGE: 7. DATE OF BIRTH 8. GENDER		8. GENDER

9. EDUCATIONAL BACKGROUND

(List Certificates, Diplomas, Degrees etc, Possessed with dates)

DATE			
FROM	то	INSTITUTION QUALIFICATION	QUALIFICATION
		100	
		7	

10. How long have you been working:	
11. Present position and duties:	
a. Position:	No. of Years:
b. Duties (in Brief):	
12. Specialty: Briefly state how the project your present job and future plans:	management professional's membership fits in with

13. CPD Training Status: Required Not Required (Tick the appropriate box)			
If required, would you prefer: Online Face-to-face			
14. Sponsorship: (Tick the appropriate box)			
a. Self-Sponsorship b. Official Sponsorship			
SECTION C: PROJECT MANAGEMENT PROFESSIONALS TRAINING DURATION			
15. Professional Certification (Tick the appropriate box)			
a. Certificate			
d. Professional Advance Diploma d. Professional Graduate Diploma			
e. Professional Post Graduate Diploma f. Professional Doctorate			
16. Project Management Professionals CPD Training Programme Duration: (Tick the appropriate box)			
a. 6months b. 8months c. 10months d. 12months			
SECTION D: SIGNING & OFFICIAL VALIDATION			
Signature of Applicant Date			
Official Validation Date			
(Should be signed and validated by a senior officer)			

SECTION E: SPONSOR'S OFFICIAL NOMINATION

This section must be completed by the Head or a representative of the organization of applicants who answered question 14b.).

Amount To Be Paid	Date of Payment	Balance (if any)
ourse Fees:		
uration of Course		
PPLICANT ADMITTED: YES	NO	
<u>SECTIO</u>	N H: FOR OFFICIAL USE O	<u>ONLY</u>
gnature and Official Stamp	Da	te:
ank/Title:		
1		
ame of Officer:		
5. I wish to nominate myself for ac	dmission to the above course.	
nis section must be completed by	the Officer Sponsoring himself/her	self.
SECT	ION G: SELF SPONSORSH	<u>IP</u>
gnature and Official Stamp	Da	te:
ank/Title:		
ish to nominate the above applic		

Signature:	Date:
Officials Name:	Position:
Email:	Official Phone No.:
SECTION I: FO	R OFFICIAL USE ONLY – FINAL APPROVAL
This section of the for <mark>m sho</mark> uld b	oe approved by the <u>Executive Board Member</u> of the Institute o
Project Management Profession	als, Ghana.
Signature:	Date:
Officials Name:	Position:
Email:	Official Phone No.:

OFFICIAL ADDRESS

Post Office Box WY. 2367

Dome-Kwabenya, Ga East Municipality
Greater Accra-Ghana, West Africa
Tel: +233 (0) 244 111 612 | 242 624 422

 $\textbf{Email:} \ \underline{info@ipmp.edu.gh} \ | \ \textbf{Web:} \ \underline{www.ipmp.edu.gh}$