



Chartered Institute of Administrators and Management Consultants-Ghana  
P. O. Box LG 645, Legon, Accra, Ghana/ P.O. Box AF 331 Adenta, Ghana  
Tel. 00 233 307030183

## **MEMBERSHIP UPGRADE** **APPLICATION FORM**

### **(A) Personal Details**

1. Title: (Nana, Dr, Prof., Chief, Mr., Mrs., Miss, Alhaji, Rev. Pastor, etc.)
2. Legal name: .....
3. Formal Surname (if applicable): .....
4. Current Contact Address: .....
5. Current Mobile Telephone No: .....
6. Current Home Telephone No: .....
7. Current E mail Address: .....

### **(B) Work Details (GENERAL – TO BE FILLED BY ALL APPLICANTS)**

8. Current Place of work: .....
9. Department: .....
10. Duty Post: .....
11. Rank: .....
12. Job Description: .....
13. Date of Last Promotion: .....

**(C) CIAMC MEMBERSHIP INFORMATION**

14. Current Membership Grade (i.e.-Affiliate, Graduate, Licentiate, Associate, Full Member):

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15. Date Achieved Current Membership Grade: .....

16. New Membership Grade Being Applied For: .....

17. Name of Branch/Area/Zone/National Committee/CIAMC Operational Dept (if CIAMC Member):

18. Name of Branch/Area/Zone/National Committee/CIAMC Operational Dept. (if CIAMC Staff)

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19. Membership Status in the past three years: .....

20. Past Position(s) / Activities in the Institute: .....

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21. Current Position(s) / Activities in the Institute: .....

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**RECOMMENDATIONS BY:**

**BRANCH/AREA/ZONE PRESIDENT / SECRETARY OR COMMITTEE CHAIR**

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**BRANCH SECRETARY'S NAME & SIGN/DATE**

**BRANCH PRESIDENT'S NAME & SIGN/DATE**

**FIRST REFEREE'S INFORMATION**

Name of Referee: .....

Membership Grade: .....

Past Position (s) in the Institute: .....

Current Position (s) in the Institute: .....

Membership Status: .....

Current Mobile Phone Number: .....

Current Email Address: .....

**REFEREE'S RECOMMENDATION**

**SIGNATURE AND DATE:** .....

**SECOND REFEREE INFORMATION**

Name of Referee: .....

Membership Grade: .....

Past Position (s) in the Institute: .....

Current Position (s) in the Institute: .....

Membership Status: .....

Current Mobile Phone Number: .....

Current Email Address: .....

**REFEREE'S RECOMMENDATION**

**SIGNATURE AND DATE:** .....

**MEMBERSHIP COMMITTEE'S RECOMMENDATIONS**

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NAME /SIGN/DATE  
(MEMBER / SECRETARY)

.....  
NAME /SIGN / DATE  
(MEMBER)

.....  
NAME /SIGN / DATE  
(MEMBER)

.....  
NAME /SIGN / DATE  
(MEMBER)

.....  
NAME/SIGN/DATE  
(MEMBERSHIP COMMITTEE CHAIRMAN )

**BOARD'S APPROVAL**

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(BOARD CHAIRMAN)

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(REGISTRAR / CEO)