

ChcmThe Chartered
Institute of
Strategic Human
Capital Managers**MEMBERSHIP APPLICATION FORM**106, Wheatgrass Lane, R3Y 1Z7 Winnipeg Manitoba, Canada
chcm.ca**APPLICATION INFORMATION**

Name:		Phone (Home):
Date of Birth:	Phone (Work):	
Contact Address:		
City:	E-mail:	
Postal Address:	Province/State:	
City:		
Grade Applied for:		

EMPLOYMENT INFORMATION

Current Employer:		Duration:
Employer Address:	E-mail:	webpage:
Phone 1:	Province/State:	Size of organisation
Phone 2:	Grade level(if any):	Nature of Business:
Position:		
Previous Employer:		Duration:
Address:	E-mail:	webpage:
Phone 1:	Province/State:	Size of organisation
Phone 2:	Grade level(if any):	Nature of Business:
Position:		
Previous Employer:		Duration:
Address:	E-mail:	webpage:
Phone 1:	Province/State:	Size of organisation
Phone 2:	Grade level(if any):	Nature of Business:
Position:		

ACADEMIC / PROFESSIONAL INFORMATION

Institution Attended:		Duration:
Qualification Obtained:	Degree/certificate obtained:	
Year:		
Grade level/Honours:		
Institution Attended:		Duration:
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Year:		
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TRAINING/LEARNING EVENTS ATTENDED INFORMATION		
Institution:		Date/Duration:
Certification obtained:		
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Certification obtained:		
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Certification obtained:		
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Certification obtained:		
ADDITIONAL APPLICANT INFORMATION CONTINUED		
Have you been convicted of any offence before? (Highlight the relevant): YES NO		
IF YES State nature of Offence (a):		Where:
State nature of Offence (b):		Where:
When:		
Have your appointment even been terminated by any employer before? (Highlight the relevant): YES NO		
IF YES State Name of Employer:		
Address of Employer:		Reason
When:		
DECLARATION		
This is to certify that all information supplied by me are correct and liable for any form of deceit or falsification		
Name:	Signature	Date
OFFICIAL USE ONLY		
Original documents of the applicant was sighted by the		
Name:		Membership No:
Signature		Date

Photocopies of all credentials are to accompany the application form on submission
Holders of the following qualifications are permitted to sight the original credentials: ASHRM, CPA, CNA, ACA, ACCA, ACIS, ACIPM, ACTI and Legal Practitioners.

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Position:				
Previous Employer:			Duration:	
Address:		E-mail:		webpage:
Phone 1:	State:	Size of organisation		
Phone 2:	Grade level(if any):		Nature of Business:	
Position:				
Previous Employer:			Duration:	
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