



Institute of Human Resource Professionals

# INSTITUTE OF HUMAN RESOURCE PROFESSIONALS

www.chrpphilippines.com

info@chrphilippines.com

## IHRP Professional Membership Application

### PERSONAL DATA

Mr./Ms./Mrs./Miss/Dr. \_\_\_\_\_ Last/Family Name/Surname: \_\_\_\_\_

First/Given Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Male

Female

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

### EDUCATION & PROFESSIONAL INFORMATION

**BACHELOR'S DEGREE** Year: \_\_\_\_\_

Course: \_\_\_\_\_

University: \_\_\_\_\_

**MASTERAL**  **DOCTORAL** Year: \_\_\_\_\_

Course: \_\_\_\_\_

University: \_\_\_\_\_

**OTHER** \_\_\_\_\_ Year: \_\_\_\_\_

Course: \_\_\_\_\_

University: \_\_\_\_\_

License No.: \_\_\_\_\_ Year: \_\_\_\_\_

### CONTACT INFORMATION

#### HOME MAILING ADDRESS

Home / Bldg. No., Street: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

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

Personal E-mail Address: \_\_\_\_\_

#### BUSINESS MAILING ADDRESS

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

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

Unit/Bldg. No., Street: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Fax Number: (Country Code/Area Code/City Code) \_\_\_\_\_

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

### PAYMENT OPTIONS

1. Direct deposit at any BDO branches:

Bank name: BDO Ortigas

Account name: Institute of Entrepreneurial Management, Inc.

Account No.: 343-020-7724

2. Payment at IHRP office.

### DATA PRIVACY

Upon signing this form you are agreeing that the personal data obtained from the registration form entered and stored within the Institute's authorized information and communications system and will only be accessed by the IHRP authorized personnel. Furthermore, the information collected and stored in this form shall only be used for the following purposes:

- Announcements / promotions of events, programs, courses and other activities offered / organized by the Institute and its partners;
- Activities pertaining to establishing relations with participants/members/alumni;
- IHRP Philippines has the right to share your information to our related affiliate companies, institutions, and or subsidiaries;
- IHRP Philippines shall not disclose the participants/members/alumni personal information without their consent and shall retain this information over a period of ten years for effective implementation, research analytics, and management.

### FEES

Professional Membership

Php 2,500

### ACCEPTANCE OF SUBSCRIPTION

I declare that all of the information contained in this application is true and correct and I agree to provide any supporting documentation requested by the Institute. If accepted, I agree to abide by the Institute of Human Resource Professionals' Code of Professional Conduct and Continuing Professional Education requirements. I understand that I must renew my subscription annually to enjoy the services provided by the Institute including eligibility privileges and retention of professional designation.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

#### OFFICIAL USE ONLY:

INVOICE NO: \_\_\_\_\_ INVOICE DATE: \_\_\_\_\_

OR NO: \_\_\_\_\_ DATE PAID: \_\_\_\_\_

DCR NO: \_\_\_\_\_ VERIFIED: \_\_\_\_\_

APPLICATION RECEIVED ON: \_\_\_\_\_

[ ] COMPLETED REQUIRED DOCUMENTS

[ ] APPROVED MEMBERSHIP NO: \_\_\_\_\_

[ ] NOT APPROVED REASON: \_\_\_\_\_