

APMA MEMBERSHIP REGISTRATION FORM

Surname/Last/Family Name	First Names	Title (Mr/Mrs/Ms etc)	Date of birth (DD/MM/YY)
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Home Details	Work Details	
Address	Organisation Name	
	Department	
	Address	
Town/City		
Postcode	Town/City	
Country	Postcode	
Telephone	Country	
Telephone (Mobile)	Telephone	
Preferred mailing address (please tick)	Home <input type="checkbox"/>	Work <input type="checkbox"/>

Contact Email		
Alternative Email		
Communication preference (please tick)	By email <input type="checkbox"/>	By post <input type="checkbox"/>

Your Experience

Number of years working as PM	
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Relevant Job Experience* – most recent job first

From Date (MM/YY)	To Date (MM/YY)	Employer	Job Title

Current/Most Recent Job Please give a description of the relevant* key tasks and responsibilities of your existing or most recent role.

***Relevant experience definition:** Professionally engaged in any aspect of building, maintenance, management or operation of IT or in teaching or training related to the knowledge and skills appropriate to that activity.



Supporter

Please provide a supporter who can validate your recent experience. This could be your employer, a colleague or a client (family members are not accepted as supporters). Please obtain your supporter's agreement before providing their contact details.

Name (Title, First and Last Name)		APMA Membership Number (if appropriate)	
Home Address			
		Postcode	Country
Telephone (Home)	Telephone (Mobile)	Email Address	

Academic Information

Detail your Masters/Honours/Ordinary degrees and equivalent qualifications e.g. PhD, MSc etc.

Qualification	Class	Title of Award and Major Subject (e.g. Computing)	Subsidiary or Ancillary subjects (e.g. Physics)	University/ College/Campus	Full or Part Time	Start Year	Finish Year

Professional Examinations

If you have passed any Professional Examinations (exp. PMP, PRINC2) please tell us the finish years for the appropriate qualifications.

Qualification	Year of Successful Completion	Qualification	Year of Successful Completion

What prompted you to make your application at this time? Please choose an option from the list below.

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|--------------------------------|--|--|--|--|--------------------------|
| Press Advert | <input type="checkbox"/> APMA Website | <input type="checkbox"/> Other Website | <input type="checkbox"/> APMA E-Mail | <input type="checkbox"/> Street Advertising | <input type="checkbox"/> |
| University department/lecturer | <input type="checkbox"/> Employer | <input type="checkbox"/> APMA Event | <input type="checkbox"/> APMA Leaflet | <input type="checkbox"/> Search Engine Advertising | <input type="checkbox"/> |
| APMA Member | <input type="checkbox"/> Press Publication | <input type="checkbox"/> Exhibition | <input type="checkbox"/> APMA Presentation | <input type="checkbox"/> | |
| Colleague | <input type="checkbox"/> Other | <input type="checkbox"/> | | | |

Payment Details and Method of Payment (price valid for the year ending 31st December 2008)

Please choose which grade of membership you wish to apply for:

- Individual Membership annual subscription – 23,000.00 AMD
- Student Membership annual subscription – 5,000.00 AMD
- Check this in case if you apply as part of Organizational Membership (Part of team)

If we can't offer you the grade that you have applied for, we will welcome you into membership at the grade you currently qualify for. We will of course let you know that we have taken this action and refund any overpayment due to you. Should you not wish to accept this offer you may withdraw your application.

In case if you register as part of Organizational team member please include registration number:



COMMUNICATING WITH YOU

We keep the personal information you give us to help provide you with the services you require from the Armenian Project Management Association (APMA).

We may also pass on your details to our partners or approved suppliers who may contact you about their products. You can opt out of this by ticking the box

For the full privacy notice, or for access to or correction of your personal information, go to the privacy notice on our website at www.apma.am or contact: APMA Administration on 00374 10 43 57 36 or by email info@apma.am or online at www.apma.am

DECLARATION

I wish to join The Armenian Project Management Association as an Individual/Student member (please specify). I confirm that, if accepted I will be governed by the Association's Charter, Bye-Laws and Regulations from time to time in force and will abide by its Code of Conduct from time to time in force. I will maintain the dignity and welfare of the Association conduct myself honourably in the practice of my profession and will observe the provisions of the APMA Code of Good Practice from time to time in force.

MEMBER ADVOCACY

Signature _____ Date _____

If you are returning your application by email and are unable to sign it, please tick the box below to indicate your agreement to the declaration.

I agree to the declaration

Once completed please return to:

APMA, Membership Administration,
24 Artsakh Street, Yerevan, 0041, Republic of Armenia
Tel: 00374 10 435736

Email: nfo@apma.am

