

# European Human Resource Management Academy



## Membership Application Form

Membership Type (  Corporate,  Full,  Affiliated,  Honorary,  Student )

Title (  Mr.  Mrs.  Ms.  Prof )

First Name ..... Last Name.....

Affiliation/Institution .....

Complete Address .....

City ..... State/Province .....

Country ..... Zip Code .....

Email ..... Telephone .....

Mobile ..... Fax .....

Website Address .....

Why are you interested in joining EHRMA? .....

.....

.....

As a member of EHRMA, What would you like to receive information in field of human resource?

.....

.....

Contact: [info@hrmacademy.ch](mailto:info@hrmacademy.ch)

For official use only:

Payment:  cash,  check,  credit card,  bank payment