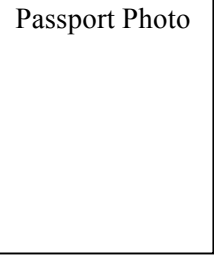


**ASSOCIATION OF ENTERPRISE RISK MANAGEMENT
PROFESSIONALS**



MEMBERSHIP APPLICATION FORM

1. SURNAME:
2. OTHER NAMES:
3. TITLE:
4. DATE OF BIRTH:
5. SEX:
6. CONTACT ADDRESS.....
.....
7. PLACE OF EMPLOYMENT.....
8. OFFICE ADDRESS (CONTACT/ POSTAL).....
.....
9. CONTACT TELEPHONE
 - I. Mobile.....
 - II. Work.....
 - III. Home.....
10. RESIDENTIAL ADDRESS.....
.....
11. E-MAIL ADDRESS.....
12. MEMBERSHIP STATUS APPLIED FOR
 - I. Ordinary Member.....
 - II. Student Member.....
 - III. Graduate Member.....
 - IV. Associate Member.....
 - V. Fellow.....
 - VI. Others.....
13. APPLICABLE FEES(*refer to **Dues Payment** column under Members Area*)

Tick as appropriate:

 - Membership fee
 - Form fee

- Subscription fee
- Other

14. ACADEMIC QUALIFICATION.....
15. INSTITUTION ATTENDED.....
16. YEAR OF GRADUATION.....
17. PROFESSIONAL QUALIFICATION.....
18. AWARDED INSTITUTION.....
19. YEAR OF QUALIFICATION.....

ATTACHED: BANK DRAFT/CHEQUE NUMBER.....
 AMOUNT.....

I DECLARE THAT

- (a) The above information is correct
- (b) I will endeavour to further the objectives of the Association of Enterprise Risk Management Professionals
- (c) I will abide by the rules and regulations of the association (AERMP)
- (d) I accept responsibility for any error, wrong information or omission contained in this form.

SIGNATURE/DATE.....

FOR OFFICIAL USE:

AERMP BRANCH CODE:

DOCUMENT COMPLETE (Y/N)

APPROVED MEMBERSHIP GRADE:

MEMBERSHIP NUMBER:

RECEIPT NUMBER.....

DATE RECEIVED (DD/MM/YYYY).....

DATE OF REGISTRATION (DD/MM/YYYY).....

FORM PROCESSED BY.....