



MEMBERSHIP APPLICATION FORM

1. SURNAME

2. OTHER NAMES

3. TITLE

4. DATE OF BIRTH

5. SEX

6. HOME ADDRESS

7. PLACE OF EMPLOYMENT

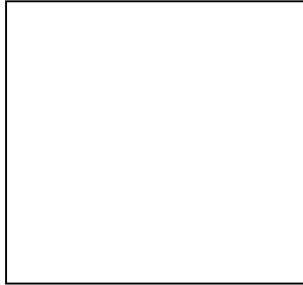
8. OFFICE ADDRESS:

9. CONTACT TELEPHONE

10. EMAIL ADDRESS

11. MEMBERSHIP GRADE: Fellow  Senior  Associate   
Graduate  Student  Ordinary

12. APPLICABLE FEE



13. ACADEMIC QUALIFICATIONS: .....

14. INSTITUTION ATTENDED: .....

15. YEAR OF GRADUATION: .....

16. PROFESSIONAL QUALIFICATIONS: .....

17. AWARDED INSTITUTION: .....

18. YEAR OF QUALIFICATION: .....

**19. 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 will accept responsibility for any error, wrong information or omission contained in this form.

SIGNATURE.....

DATE: .....