



Membership Application

Please complete all sections of the application form and send, along with your project based Curriculum Vitae (see guidance notes) and payment, to the address below.

Personal Information

Title: /
First Name Surname

D.O.B.: / / Qualifications/Degree: BSC BA MSC MA Phd Other
(DD/MM/YY) (This will be used for identification purposes)

Course:

Are you a member of any professional association? (see guidance notes):

Please print in BLOCK capitals

Home Address:

Postal Address: Telephone:
..... Mobile:
..... Fax:
..... Email:

Company name:

Job title:

Work address: Mailing Address:
.....
..... Telephone:
..... Mobile:
..... Fax:
..... Email:

Please indicate which is your preferred address for correspondence Home Work

What membership are you applying for:

Corporate Individual Student

Where did you hear about PMAN?

Web Emails Friends

Events Newspaper Magazine/Journal

Other (please specify):

Approximately how many people are employed in the organization that you work for?

1-9 10 - 19 20 - 49 50 - 99 100- 199 200 - 499 500 +

Which of these best describes the nature of business? (Please tick one)

Mainly primary industries:

Agro, Forest, Mining Utilities (electricity, water and gas)

Mainly manufacturing

Pharmaceuticals and biotech Electronic & Electrical Engineering

Consumer products Other manufacturing

Construction / Civil engineering Other

Mainly Services

IT Hardware, software, services Retailing

Tourism, leisure, entertainment Transportation

Telecommunication services Banking

Insurance Investment Companies

Other finance Management Consulting

Other business services Real Estate

Media and Photography Healthcare

Education Non profit making orgs

Public sector

Central government Local government

Health service Administration

Education Defense

Other (please state)

Employment History

Please provide us with details of your current and previous employment, if your current employer is a corporate member of PMAN, please fill in their membership number and company name below (see guidance notes):

Corporate membership number: Company name:

Position held: Position reported to:

Company name:

Number of direct subordinates: Number of employees in the organization:

Employment Dates From: To:

Position held: Position reported to:

Company name:

Number of direct subordinates: Number of employees in the organization:

Employment Dates From: To:

We may from time to time receive requests from employers for confirmation of which of their employees are active members. If you do not want us to pass on your information please tick here •

References

Please give the names and addresses of two people, not relatives, who will act as your referees. The first referee should be your line manager and be able to support your application by actual knowledge of your project management experience and responsibilities. If you are the head of your firm, please name two business/professional associates.

PMAN may contact referees for further information. If referees' signatures are not completed the form will be returned for completion. If you are applying for Individual or Student Membership, only one referee is required to support your application.

1st referee:

Company Name:

Address:
.....

Tel: Fax: Email:

Member of PMAN: Membership Number:

2nd referee:

Company Name:

Address:

Tel: Fax: Email:

Member of PMAN: Membership Number:

Signature Date

Please enclose a full CV detailing your project management experience to date signed by your referees.

Data Policy

The Project Management Association of Nepal (PMAN) will hold and process your data for the purposes of providing services to you in relation to your membership. We may from time to time contact you with details of programs or materials that may be of interest to you. Please tick here if you do not want this.

Your information may be passed to selected third parties in order to inform you about additional services. Please tick here if you do not want this.

KINDLY SEND YOUR MEMBERSHIP DETAILS TO:

General Secretary, Project Management Association of Nepal (PMAN)

Sano Gaucharan, Kathmandu, Nepal

Tel.: + 977 4 4 410 485 Fax: + 977 1 4 437 197

E-Mail: info@pman.org.np URL: www.pman.org.np