



**CHARTERED INSTITUTE
OF PRACTISING PROFESSIONALS,
USA**

Attach one recent
passport
photograph

Application for Membership

Personal Details

Tick one Box Mr Mrs Ms Miss Dr Rev.

Surname or Family Name _____

First Name(s) _____

Date of Birth _____ Country of Citizenship _____

Religion: _____ Sex: Male Female

Home Address _____

Post code _____

Telephone _____ Fax _____

Mobile Phone _____ E-mail _____

Work Address _____

Post code _____

Telephone _____ Fax _____

Mobile Phone _____ E-mail _____

Qualifications (Your CV should list your qualifications using the headings suggested in the table below. Copies of your qualifications should be sent with your CV)

Qualification gained	Name of College/ Institution/University	Period of Study	
		From Year	To Year

Employment (Your CV should provide employment details using the headings suggested in the table below)

Organization	Position held	Period of employment	
		From Year	To Year

Professional Membership Category Applying for: _____

Membership Joining Fee and Annual Membership Fees:

This can be found on the CIPP Website: www.cippprofessionals.com

PAYMENT OF JOINING FEE: Please complete the following credit card details for paying your joining fee (which covers the first year membership fee). If you prefer to use another method of payment instead of credit card (e.g. bank transfer, bank cheque, Western Union Money Transfer, etc) you can email us your preferred method of payment so that we can inform you of the procedure to follow

Name on Credit Card: _____

Address of Card Holder: _____

Type of Card: _____ **Expiry Date:** _____

Card Number: _____

Amount in US dollars: _____

Applicant's Declaration/Special Terms and Conditions Attached to Application

1. Your joining fee will be refunded if your application is not successful.
2. You are not entitled to a refund after your application has been assessed and approved.
3. CIPP members are required to pay their annual membership fees on time.
4. As soon as your application is approved by the CIPP you are entitled to describe yourself as a Chartered Practising Professional (CPP).
5. In sending this application to CIPP, I declare that:
 - (i) I agree to indemnify and hold harmless CIPP for activities performed by CIPP and/or its associates, subordinates, affiliates and employees.
 - (ii) I agree that I shall indemnify and hold harmless CIPP and their associates, subordinates, officers, board members, affiliates and employees against any and all loss, damage, or liability (whether civil or criminal) suffered as a result of any of my own activities and/or decisions.
 - (iii) I am satisfied with the fact that the Chartered Institute of Practising Professionals is a registered private professional body in the USA that outstanding professionals anywhere in the world can belong to. Since CIPP is a registered private organization, with members in various parts of the world, I am satisfied with the fact that the officers and board members of the CIPP are specifically invited and appointed to their CIPP positions by the CIPP President. This model of appointment enables the President to invite high calibre people into the CIPP Board of Management.
 - (iv) I agree to abide by and follow the CIPP Code of Practice that requires CIPP members to:
 - Pursue excellence.
 - Act with integrity.
 - Be honest and trustworthy and never deliberately mislead.
 - Be open and transparent in all professional activities.
 - Engage in additional training to enhance your professional capabilities.
 - Avoid discrimination of any kind.
 - Have the courage to make a stand on matters of principle and be prepared to identify and act against malpractice of any sort.
 - Maintain confidentiality but be prepared to expose any malpractice or illegal, unprofessional or fraudulent conduct
 - Maintain objectivity at all times, providing fair and neutral advice.

Application Submission: The completed Application form (including the section for paying your fees by credit card) should be posted, emailed or faxed to us. When the form is received you will be informed of the outcome of your application in about a week.

(1 302) 258 0770

DECLARATION: I hereby declare that if my application is successful I will abide by the rules, regulations and the objectives of the Chartered Institute of Professionals. I am aware that if my application is successful, the application joining fee (which includes the first year membership fee) and any subsequent annual membership fees are not refundable.

Applicant's Signature: _____ **Date:** _____

Chartered Institute of Practising Professionals

Tel/Fax + (1 302) 258 0770.

Email: office@cippprofessionals.com