

**PROFESSIONAL RECOGNITION APPLICATION
 INTERNATIONAL**

For M.I.H.R.M.(HK) Members of Hong Kong Institute of Human Resource Management

Last Name:

First Name:

Informal:

Your home contact information is required for membership as we use this information in planning the distribution of our services. The information in your home contact fields will not be displayed in the online directory and will not be released to any third party for any reason. If you wish your home address to appear in the online directory, please enter it in both the home and work fields. Please note that information entered in the work contact fields may be provided to third parties such as speakers.

CPHR BC & Yukon may from time to time provide you with information about its services and the services of other organizations that CPHR BC & Yukon deems to be of interest to you. You can change your communications preferences at any time by logging into our website and using the link to "My Email Options".

Work Contact Information:

Title: Employer:

Address:

Phone: Email:

Home Contact Information:

Address:

Phone: Email:

Please do not include me in CPHR BC & Yukon's online Member Directory.

Preferred Addresses for Communications:

Email:	Work	Mail:	Work
	Home		Home
	Other		

Other E-mail

Fees for recognition of professional equivalency:

Annual fees are calendar based and pro-rated monthly in the first year.

Year	2026 Pro-rated @\$10.42/month	x	months =
	2027 C\$125.00		

Total

Payment:

Pre-payment is required. Please send completed application form with payment.

Type: AMEX
 VISA
 MasterCard

Credit Card Information:

Number:
 Expiry mm/yy:
 Name on card:
 CVV:

I agree with the above total charges. In the event my credit card is declined for any reason, I understand I will be charged an additional processing fee of \$30.00.

Signature:

You must arrange to have your governing body provide Confirmation of Good Standing directly to CPHR BC & Yukon. Please request confirmation that includes the following information:

A Designation Held and Date Awarded

B Confirmation of Active Membership

Applications for registration will be considered incomplete until such time that all information and documentation, as noted above, has been received by CPHR BC & Yukon.

Declaration

I, (the undersigned) hereby apply for membership in Chartered Professionals in Human Resources of British Columbia and Yukon and agree to abide by the standards and code of ethics of CPHR BC & Yukon.

I declare to the best of my knowledge that the information given in this application form is true and correct and all the supporting documents are true copies of the originals. I understand that false declaration will render me liable to disqualification for membership by CPHR BC & Yukon or termination of membership, if already admitted by CPHR BC & Yukon.

Signature of Applicant: _____ Date