



## Membership Application Form

Please complete this Form in order to become a Member of **Tanzania Public Sector Human Resource Managers Network**

Application date

### A: Personal Information

Full Name:

Postal Address:

Gender (Tick):

Female

☐

Male

☐

### B: Contact Information

Email:

Mobile/Cell. No

Tell. No:

### C: Employment Details

Name of your Employer:

Employers Postal Address:

Your Position:

### D: Membership Information:

Choose membership type (Tick):

Individual Membership

☐

Honorary Membership

☐

Corporate Membership

☐

### E: Agreement:

By signing this form, I agree to comply with all rules and regulations of this Network. I also grant permission to us my contact Information for member communication purpose. I commit myself to transfer the Membership fee to the following account:

**Bank:** CRDB

**Account No:** 0133871998100

**Account Name:** Tanzania Public Sector Human Resource Managers Network

**Signature:** \_\_\_\_\_