



APPLICATION FOR MEMBERSHIP

The following MUST accompany this form:

- JOINING FEE plus ANNUAL SUBSCRIPTION FEE. [See current Fee Sheet for amount payable]
- Certified copy of ID/Driver’s License/ Passport
- Certified copies of certificates
- Proof of residence

N.B: The following fees are non-refundable: Membership joining fees; Student application fee; Module fee; examination fees. All other refunds will attract a 20% administration fee.

Please make payment to: ISPPME or Institute of Sustainable Project Planning Monitoring and Evaluation.

Bank Details; then post proof of payment or email the deposit slip indicating the purpose of the funds).

By agreement with the Commissioner of Taxes, subscriptions may be claimed against Tax. PLEASE RETAIN YOUR SUBSCRIPTION RECEIPT FOR THIS PURPOSE and attach it to Page 2 of your Income Tax Return

SURNAME Title Mr/Mrs/Miss

FORENAMES

FOR OFFICE USE ONLY

	Mem. No	
D/Driver’s License/Passport Number :	STD Y/N	
ADDRESS:	Scheme	
National ID:	DOJ	
Cell No:	Branch	
Email Address :	Pvt Co Y/N	

N.B. Please indicate the year of your membership Lapsed if you are **RE-JOINING**

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If you are completed to sing this form and cross checked that you have signed, please post it to the ISPPME email address: info@isppme.com or deliver in person to ISPPME 1923 Bristol Road, Gweru. For more information you get in touch with us on 0542222890

FULL NAME

TITLE: Mr/Mrs/ Miss

Receipt No.:	
Amount:	\$
Date:	

For Office Use Only

Scheme:

Initiated By: _____ **Date:** _____

Recommendation:

Signature: _____ **Date:** _____

Approved By: _____

Date: _____

Director

DETAILS OF UNIVERSITY DEGREE OR PERSONNEL/TRAINING QUALIFICATIONS

Title of Qualification	University/Institute/College	Country	Date	
			From	To

Certified Copies of Certificates in support of application MUST accompany this form.

MEMBERSHIP OF OTHER PROFESSIONAL INSTITUTES

Please give details of name of Institute. Date of joining and membership grade.

WORK EXPERIENCE AND RESPONSIBILITIES

Please supply a brief history of work experience. **This section MUST** be completed.

Please give details in date sequence from the present back to your first job and **EXPLAIN ANY GAPS IN THE DATES SUPPLIED.**

Date from & to (Year & Month)	Position Held	Employer	Description of Duties	Immediate Superior's Designation

PLEASE RE-READ THE INFORMATION YOU HAVE SUPPLIED ON THIS FORM, AND ENSURE THAT IT IS

CORRECT. *If there is insufficient space provided, please attach an additional page.*

The Membership Committee of ISPPME uses this information to Scheme your application. Without your signature, this form will **NOT** be processed.

I certify that the information I have supplied is true and correct in all particulars.

SIGNATURE: _____

DATE: _____

INSTITUTE OF SUSTAINABLE PROJECT PLANNING MONITORING AND EVALUATION

STUDENT APPLICATION FORM (Please complete this section if you intend to enroll for any of the ISPPME programs)

Student enrolment fee must accompany this form. (See current Fee Sheet for amount payable)

I intend to study for:	
FOUNDATION	
CERTIFICATE	
DIPLOMA	
POST-GRADUATE	

QUALIFICATIONS

Certified copies of certificates must accompany this application.

O Levels : Minimum of 5 'O' levels Number passed : Grade C & above (including English		'A' Levels : Number passed : Grade E & above	
CERTIFICATE/S			
DIPLOMA/S			
DEGREE/S			
OTHER QUALIFICATIONS			
RELEVANT COURSES ATTENDED			

CURRENT EMPLOYMENT

ORGANISATION		Position Held	
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SELECTED SUBJECTS. <i>NB : 1. The onus is on the student to choose the subjects necessary for the Program required. Read the Program Regulations carefully before selecting subjects.</i> <i>2. Students may pay for all modules at once, but are advised to spread their studies – and their purchases - over a period presided on a particular programm</i>		OFFICE USE ONLY		
		REC	AMT	DATE
1				
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I accept all the conditions set out in the Diploma Regulations.

Signature _____ Date _____