



Cayman Islands Society for Human Resource Professionals
 P.O. Box 904 • Grand Cayman KY1-1103 • Ph. (345) 323-5947 • www.cishrp.ky

APPLICATION FOR MEMBERSHIP

Please indicate the category of membership being applied for.

Please enclose the appropriate fee with your application. Cheques should be made payable to CISHRP.

<input type="checkbox"/> Full Member CI\$ 185.00	<p>Full Membership is available to persons who:</p> <ul style="list-style-type: none"> hold at least a Bachelor's degree in Human Resource Management OR a related field; OR, persons holding a professional designation in Human Resource Management; OR, individuals engaged in Human Resource Management at a professional ranking in Human Resources (such as Vice President, Director, Manager, Full-time Consultant, Assistant Manager) with a minimum of three years experience in the Human Resource field; OR, a Trainer/Teacher/Professor with a minimum of three years experience in the Human Resource field. <p>Full Members have voting rights and may hold office in the Society.</p>
<input type="checkbox"/> Associate Member CI\$ 135.00	<p>Associate Membership is available to individuals who:</p> <ul style="list-style-type: none"> have a bona fide interest in Human Resource Management; OR, individuals engaged in areas of Human Resource Management (such as Employee Relations, Compensation, and Benefits) but do not fulfill the requirements of a Full Member. <p>Associate Members have voting rights but may not hold office in the Society.</p>
<input type="checkbox"/> Student Member CI\$ 35.00	<p>Student Membership is available to persons who:</p> <ul style="list-style-type: none"> are students within the Human Resource Management discipline either on a part-time or full-time basis. <p>Student Members do not have voting rights and may not hold office in the Society.</p>

Please complete the following information (please print clearly):

Applicant's Name:		
<i>First</i>	<i>Middle Initial</i>	<i>Last</i>
Gender:	Male Female	Date of Birth: Nationality:
Company Name:		
Industry:	Other (Specify) _____	# of Employees:
Your Job Title:		Position held since:
Your Job Duties & Responsibilities:		
Company Address: P.O. Box	Post Code	<i>Street Address</i>
Work Phone:	Work Fax:	Work e-mail:

Personal Address:		P.O. Box	Post Code	
Home Phone:	Mobile/Cell Phone		Personal e-mail:	
Please send CISHRP correspondence to: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Either/Both				
Please the highest level of education which you have attained:				
<input type="checkbox"/> High School		<input type="checkbox"/> Bachelor's degree		
		Area of Specialization: _____		
<input type="checkbox"/> Associate degree		<input type="checkbox"/> Master's/Doctorate degree		
		Area of Specialization: _____		
Are you a SHRM Member? Yes No SHRM Membership Number (if applicable):				

Please detail below, in chronological order, your previous work/other experience related to the Human Resource field, including any previous positions held with your current employer. Please also attach a copy of your current CV/resume. (Use additional paper if necessary.)

Employer:	Position(s) held:
Dates employed:	Duties & Responsibilities:
Employer:	Position(s) held:
Dates employed:	Duties & Responsibilities:
Employer:	Position(s) held:
Dates employed:	Duties & Responsibilities:

Were you referred by a CISHRP member? <input type="checkbox"/> Yes (<i>member's name:</i>) _____ <input type="checkbox"/> No

Declaration:**CISHRP CODE OF ETHICS**

- Maintain the highest standards of professional and personal conduct;
- Strive for personal growth in the field of human resource management, and keep abreast all industry standards and significant developments;
- Support the Society's goals and objectives for developing the human resource management profession;
- Make the fair and equitable treatment of all employees a primary concern, including through the observance of local human-labour related legislation, and the promotion of labour tranquility and diversity in the workplace;
- Assist my employer to meet its strategic objectives through the support and encouragement of effective employment practices;
- Actively facilitate and support the career advancement of employees at all levels;
- Instill in the employees and the public a sense of confidence about the conduct and intentions of my employer;
- Maintain loyalty to my employer and pursue its objectives in ways that are consistent with the public interest;
- Uphold all laws and regulations relating to my employer's activities;
- Refrain from using my position, either paid or volunteer, to secure special privilege, gain or benefit for myself, my employer, or the society;
- Maintain the confidentiality of privileged information and treat information obtained in the course of business as confidential, and avoid or disclose any conflict of interest that might influence personal actions or judgements;
- Improve public understanding of the role of human resource management, especially within the workplace and in particular to new practitioners entering the unique Cayman Islands labour market;
- Demonstrate commitment to such values as respect for human dignity and human rights, and promote human development and a work/life balance in the workplace, within the profession and the Society as a whole;
- Respect and have regard to all professions or vocations, as well as foster good relations with other professional bodies.

This Code of Ethics is adopted to promote and maintain the highest standards of personal and professional conduct within member of this professional society. By joining this Society, a member espouses this Code, thereby ensuring public confidence in the integrity and service of a human resource professional.

I hereby declare that all the information contained in this application is true and correct. I will provide additional documentation/ certification if required. I agree to endorse the code of ethics of the C.I.S.H.R.P. and abide by all relevant by-laws if accepted as a member.

Applicant's Signature

Date

FOR CISHRP's USE ONLY:			
<i>Date Received:</i>	<i>Date Approved:</i>	<i>Type:</i>	<input type="checkbox"/> Full
	<i>CISHRP Signature:</i>		<input type="checkbox"/> Associate
<i>Fee Paid:</i>	<input type="checkbox"/> Cash	<i>Receipt #:</i>	<input type="checkbox"/> Student
	<input type="checkbox"/> Cheque		<i>Advice sent:</i>
<i>Member #:</i>	<i>Comments:</i>		
<i>Issued:</i>			