



MEMBERSHIP APPLICATION – RENEWAL

1. PERSONAL DETAILS

Title: Dr/Mr/Ms/Others <i>(Tick relevant Title)</i>	
Surname: _____ Name (s) : _____	
Gender: Male/Female/Others <i>(Tick the relevant)</i>	Date of Birth: _____
Nationality: _____	ID/Passport Number: _____
Contacts: _____ (Mobile & Office)	
Postal Address: _____	
Residential Address: _____	
Email Adress: _____	
Current Occupation/Role: _____	
Employer _____	



HUMAN RESOURCES SOCIETY BOTSWANA

'Advancing the future of HR'

72 767 539 / 72 105 319 / 76 671 951

enquiries@hrsociety.co.bw

www.hrsociety.co.bw

2. MEMBERSHIP DETAILS

Current Membership Category _____ Membership Number _____

3. MEMBERSHIP CATEGORIES:

Category	Years of Experience in HR	Tick your Category	Membership Number	Date Last Paid	Annual Renewal Fee
Graduate Human Resources Practitioner (GHRP)	0 years				150BWP
Associate Human Resources Practitioner (AHRP)	0-3 years				400BWP
Chartered Human Resources Professional (CHRP)	4 – 14 years				500BWP
Fellow Human Resources Professional (FHRP)	15 years & Above				600BWP
Certified Human Resources Academia (CHRA)	0-5 Years				500BWP
Fellow Human Resources Academia (FHRA)	5 years & Above				600BWP

3. GUIDE ON PAYMENT & APPLICATION PROCESS

i. Make payment directly to the provided banking details below:

Account Name: **Human Resource Professional's Society – Botswana**

Account Number: **906 000 439 7458**



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Bank Name: Stanbic Bank
Branch Name: Fairgrounds
Branch Code: 064967
Reference: Your Name & Surname

NB: We do not take cash/ewallet or any form of transaction made outside the Society's bank account.

ii. After payment, send the duly filled form and proof of payment to enquiries@hrsociety.co.bw

iii. Our application process takes 5 days.

iv. Collection of Certificates of membership is made on **Fridays** only.

v. A member will be duly notified of the collection point once the certificate is ready.

4. CONSENT

Do you give consent to the Society to publicize your status of membership as and when the need may arise?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Sign: _____ **Date:** _____