

# ORGANISATION MEMBER LINKED MEMBER APPLICATION FORM



|                        |
|------------------------|
| <b>OFFICE USE ONLY</b> |
| MEMBER ID#: _____      |
| DATE: _____            |

## ORGANISATION

|                    |
|--------------------|
| ORGANISATION NAME: |
|                    |

## MEMBER TYPE (IMPORTANT, PLEASE TICK & PROVIDE RELEVANT DOCUMENTATION - WHERE REQUIRED)

- EXISTING MEMBER** Please provide your member ID: \_\_\_\_\_
- AFFILIATE** No supporting document/s required as this is a non-professional membership

## PROFESSIONAL MEMBERSHIP

- All applications for professional membership are assessed against the AHRI Professional Recognition Framework and Model of Excellence. Full details are available at [ahri.com.au](http://ahri.com.au)
- To be considered for professional membership the required supporting documents listed must accompany the completed form.

### PROFESSIONAL MEMBER (MAHRI)

- Attached:**
- Your CV showing 5 or more years of experience in a HR role or 5 or more years of management experience **OR**
- Your CV showing 2 or more years' of recent experience in a HR role + your academic transcript or certificate/testamur showing completion of a HR relevant undergraduate qualification

### FELLOW (FAHRI)

FAHRI applicants must have ten or more years of HR experience with a minimum of five years in a strategic management or leadership position. Applicants must also possess AHRI-accredited or relevant postgraduate qualifications or equivalent knowledge, skills and experience and have a demonstrated contribution to the HR profession.

- Attached:**
- A completed AHRI Fellowship Application form, in conjunction with the Fellowship Application Guide. (Download form and guide from our website [ahri.com.au](http://ahri.com.au))

## PERSONAL DETAILS (PLEASE COMPLETE ALL FIELDS)

|  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Tick if Principal Member                      |   |  |   |
| TITLE:   | FIRST NAME:                                 | LAST NAME:   |   |
|  |   |  |   |
| PREFERRED NAME:  | DATE OF BIRTH:                              | GENDER:  |   |
|  |   | F M  |   |
| BUSINESS EMAIL ADDRESS:  | *TICK IF PREFERRED <input type="checkbox"/> | PRIVATE EMAIL ADDRESS:   | *TICK IF PREFERRED <input type="checkbox"/> |
|  |   |  |   |
| MOBILE PHONE:  | BUSINESS PHONE:                             | PRIVATE PHONE:   |   |
|  |   |  |   |
| <b>*BUSINESS ADDRESS</b> (*TICK IF PREFERRED) <input type="checkbox"/> |   | <b>PRIVATE ADDRESS</b> (*TICK IF PREFERRED) <input type="checkbox"/> |   |
| BUSINESS NAME:   |   | PRIVATE ADDRESS:   |   |
|  |   |  |   |
| BUSINESS ADDRESS:  |   | SUBURB:  |   |
|  |   |  |   |
| SUBURB:  |   | STATE:   |   |
|  |   |  |   |
| STATE:   | POSTCODE:                                   | STATE:   | POSTCODE:                                   |
|  |   |  |   |
| COUNTRY (IF OUTSIDE AUSTRALIA):  |   | COUNTRY (IF OUTSIDE AUSTRALIA):                                      |   |
|  |   |  |   |

