

ORGANISATION MEMBER LINKED MEMBER APPLICATION FORM



OFFICE USE ONLY
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
- 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)

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:	
*BUSINESS ADDRESS (*TICK IF PREFERRED) <input type="checkbox"/>		PRIVATE ADDRESS (*TICK IF PREFERRED) <input type="checkbox"/>	
BUSINESS NAME:		PRIVATE ADDRESS:	
BUSINESS ADDRESS:			
SUBURB:		SUBURB:	
STATE:	POSTCODE:	STATE:	POSTCODE:
COUNTRY (IF OUTSIDE AUSTRALIA):		COUNTRY (IF OUTSIDE AUSTRALIA):	

