



APPLICATION FOR MEMBERSHIP

PLEASE TICK	(a)	FIRST TIME	☐
	(b)	UPGRADING/RENEWAL	☐
	(c)	CIPS PAID UP MEMBER	☐

When completed, this form should be returned to the Institute at:

51 Central Avenue
Between 5th and 6th Street
Harare

Or

P.O. Box CY39
Causeway
Harare

Any enquiries can be directed to Zimbabwe Tel: (+263-4) 796 043, 795 683
E-mail: admin@zips.org.zw

"Promoting excellence & professionalism in Procurement and Supply Management"

51 Central Avenue Harare, Zimbabwe Tel: (+263-4)
796 043, 795 683 E-mail:
zimbabwe@cipsbranch.org or admin@zips.org

GENERAL INFORMATION ON MEMBERSHIP OF ZIPS

CATEGORIES OF MEMBERSHIP

1. Associate Membership *(AZIPS)
 2. Full Membership *(MZIPS)
 3. Fellow Membership *(FZIPS)
- (* Post-nominal letters to be written after the member's name).

Taking into account the applicant's status in procurement and supply, age and relevant business experience, the ZIPS Council will determine which category of membership an applicant will be admitted to. Persons who have not been either an Associate or Full member of the ZIPS or CIPS for at least five years, are not eligible to apply for Fellow membership.

CRITERIA FOR ADMISSION TO PROFESSIONAL MEMBERSHIP OF ZIPS

The following persons are eligible to apply for professional membership.

1. A person who has completed CIPS Professional Diploma or currently studying any CIPS qualifications
2. A person who has completed a recognized post-matric qualification with the same evaluation as CIPS Professional Diploma, namely (NFQ 8) Certificate plus three years (tertiary level) and provided that the subjects passed are relevant to the CIPS subjects, and that the qualification is recognized CIPS. For example, the following qualifications are acceptable:

BSc/B. Com/B. Econ. /etc.

Chartered Institute of Administration and Commerce (IAC)*

Institute of Chartered Secretaries & Administrators (CIS) (ICSA)*

Institute of Marketing Management (IMM)*

Higher National Diplomas or National Diplomas (where the curricula are relevant to the procurement and supply curricula). * **If obtained by examination.**

3. Accounting Officers and Senior managers for Corporations (Corporate Membership)

APPLICATION FOR MEMBERSHIP OR UPGRADING

1. PERSONAL DETAILS

Mr/Mrs/Miss/Ms/Dr/Prof. (Please circle or specify other)_____

Surname _____

First Name _____

Date of Birth _____

Postal address: _____ Physical Address _____

Home Tel: _____

Area Code _____

Home Fax: _____ Area Code _____

Cellphone _____

E-mail: _____

2. PRESENT EMPLOYMENT

Organisation/Company name _____

Business telephone number _____ Area Code _____

Fax Number (if available) _____

Business Address _____

ADDRESS FOR CORRESPONDENCE: POSTAL [] BUSINESS [] (Please tick your choice)

PHYSICAL []

3. PRESENT POSITION

Position title _____ Date appointed _____

4. MANAGEMENT LEVEL IN ORGANISATION

Senior _____ Middle _____ Junior _____

Number of employees reporting to you _____

To whom do you report? _____

His/her position in organization _____

5. PREVIOUS EMPLOYMENT (in the last ten years)

Year From	Year To	Position held	Name of organization	Number of employees reporting to you	Other Notes

(Please attach a separate list if the above space is insufficient).

Primary responsibilities in your most recent position:

6. ACADEMIC, TECHNICAL AND PROFESSIONAL EDUCATION

Year		Institution	Degrees, diplomas, certificates obtained
From	To		

Note: You are required to submit certified copies of your post-matrix qualifications in support of your application. The actual subjects passed, must be listed and certified. (Applicable to non-CIPS Members only).

7. THIS SECTION TO BE COMPLETED BY CIPS MEMBERS ONLY

What is your CIPS student number? _____

When did you complete your CIPS diploma(s)? / / (month and year).

Which CIPS diploma(s) did you complete? 1. _____
2. _____
3. _____
4. _____

8. EMPLOYER NOTIFICATION

If your application for ZIPS membership is successful, would you like your employer to be advised accordingly? [] YES [] NO

If yes, for whose attention should the advice be sent? _____

NAME: _____

DESIGNATION _____

ADDRESS _____

EMAIL _____

9. REFEREES

Please have your application signed by two persons who will act as referees. The proposer should be your immediate superior who should be able to support your application by actual knowledge of your responsibilities. If you are the head of your organization, please name two business/professional associates.

If possible, your application should be proposed or seconded by an Associate, Full member or Fellow of the Institute who is willing to act as your referee.

Proposer _____ Seconded by _____

Position title _____ Position title _____

Qualifications _____ Qualifications _____

Organisation _____ Organisation _____

Address _____ Address _____

Postal Code _____ Postal Code _____

Telephone _____ Telephone _____

Signature _____ Signature _____

CIPS/ZIPS member [] YES [] NO

CIPS/ZIPS member [] YES [] NO

Membership Grade _____

Membership Grade _____

11. DECLARATION

Have you ever been convicted of a criminal offence? _____ (If yes, please state details).

Have you ever been insolvent, or assigned your estate? _____ (If yes, please state details)

I hereby certify that the above particulars are correct. Should it be necessary, I hereby authorize the Zimbabwe Institute of Procurement and Supply to make any enquiries it considers relevant to its acceptance of this application.

If admitted as a member, I agree to abide by the rules, regulations and bye-laws of the Zimbabwe Institute of Procurement and Supply/CIPS Code of Conduct as they now exist and as they may hereafter be altered, and to use my status as a member of the Institute in an honourable manner.

I understand that the "Diploma of Membership" issued to me remains the property of the Institute. I undertake to return same should I resign, or cease to be a member through whatever cause. I also undertake to pay all my due subscriptions on a yearly basis which must be up to date from whenever I last paid plus the penalty.

I enclose my entrance and subscription fees \$_____ (Refer to enclosed list of fees)

Method of payment: CASH/CHEQUE/FOREX (please ring appropriate method)

Signature of applicant _____ Date _____

FOR OFFICE USE ONLY:

1. Grade of Membership Recommended: Associate []
Full []
Fellow []

2. Action to be taken: _____

4. _____
Signature of Membership Officer Date

5. Approved as _____ Member Not Approved []

6. _____
Signature of Registrar Date

7. Application for Fellow Membership submitted to EXCO onfor ratification.