



CHARTERED ASSOCIATION OF BUSINESS ADMINISTRATORS

Application for Admission

- Please type or print clearly
- This application cannot be processed unless copies of Degree/ professional qualification certificates are enclosed

1 *Personal Details*

Title
(Dr/Mr/Mrs
Ms/Miss etc). _____ Surname _____ Forename(s) _____

Home address: _____

Postcode _____ Telephone _____ Home E-mail _____

Date of Birth _____ Nationality _____

Company and
Business address _____

Postcode _____ Telephone _____ Facsimile _____

Mobile: _____ E-mail _____ Address for correspondence (please tick) : Home Business

2 *Academic Details*

Qualifications obtained. Please list all of your academic and professional qualification, giving title, year and place of study

| | Year | Place of Study |
|-------|-------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

3 Career Details

Present Company/Organization

- If less than three years then details of previous employer

Name _____ Date joined _____

Division _____ Public/Private (delete as appropriate)

If a subsidiary, name of parent company _____

Total number of Employees (up to..) 49 99 499 999
 4999 9999 More
(In Company or Division)

Company/Division* turnover (up to..)
*Delete as applicable 5.1m 5.10m 5.50m 5.99m More

Nature of Company's Business _____ SIC Code _____

Please indicate which description best fits your company's business

- | | |
|---|---|
| <input type="checkbox"/> Manufacturer/Importer | <input type="checkbox"/> Business/Industrial services |
| <input type="checkbox"/> Retailer/Wholesaler | <input type="checkbox"/> Business/industrial distribution |
| <input type="checkbox"/> Business/Industrial/Product Manufacturing | <input type="checkbox"/> Consumer services |
| <input type="checkbox"/> Publishing | <input type="checkbox"/> Financial Consultancy |
| <input type="checkbox"/> Consumer durables as manufacturer/importer | <input type="checkbox"/> Public Sector |
| <input type="checkbox"/> Consumer durables as retailer/wholesaler | <input type="checkbox"/> Non-Profit Making |
| | <input type="checkbox"/> Financial Education |

Your current appointment

Job Title _____ Date appointed _____

Director/ Middle Manager Junior Manager Other (Please specify) _____
Senior Manager

Are you self-employed? Yes No

4 References

A REFERENCE MUST BE SUPPLIED BEFORE THE APPLICATION IS PROCESSED

Must be a director or senior officer of your company or organization. If you are self-employed, or head of your organization, the referee may be a previous employer or professional advisor.

I have known the applicant for _____ years and support his/her application for membership.
To the best of my knowledge, the details of his/her application are correct.

Name (CAPITALS) _____ JOB TITLE _____

COMPANY (CAPITALS) _____ SIGNATURE _____

5 Signature

I agree to accept the decision of the Council as my eligibility for election to the appropriate grade of membership. If elected I agree to abide by the Association's Charter and Bye-laws and to observe the provisions of the Association's Code of Professional Standards. I confirm that the information supplied in support of my application for membership is correct.

Signature _____ DATE _____



Chartered Association of Business Administrators – Waiver Form

I certify that the information declared in the application form for membership and certification is correct. If I would misrepresent my credentials, or allow my membership in the Chartered Association of Business Administrators to lapse, I understand and agree that my CABA Status will be revoked and my membership terminated. I affirm that all the information that I have provided to CABA is true, correct, and complete and I agree to hold harmless and indemnify the CABA and its Officer, directors, employees and agents for any misrepresentations of my credentials and for all claims, loss, damage, judgment or expense. I certify that I have not been convicted of a felony. I have not been disciplined for any ethical violation in the last 10 years and I am not under any investigation by any legal or licensing board.

Membership of CABA does not constitute the grant of a license or other licensing authority by or on behalf of the organization as to a member's qualifications, abilities or expertise. The CABA does not endorse, guarantee or warrant the credentials, work or opinions of any individual member.

Signature

Date