

# Application Form for membership of the Chartered Association of Business Administrators®

This Application cannot be processed unless copies of academic/professional qualifications & CV are enclosed.



### **Membership Application Form**

Application for	r Membership	as:	Chartered	Member	Associa	te Fellowship
Personal I	Details:					
Title: Surname: First Name:						er:
	/	/				
City:	State/Province:					
Country:	Zip/Post Code:					
Telephone:						
Email:						
Qualificat	tions:					
Name of Insti	itution	Degree	Туре		Υ	ear Granted



# Work/Business Experience (where applicable)

Position Held	Name of Employer	Period of Employment

## Signature of Applicant

I agree to accept the decision of the Council regarding my edibility for membership. If elected, I
agree to abide by the Association's Charter and Byelaws and to observe the provisions of the
Association's Code of Professional Standards. I confirm that the information supplied in support
of my application is correct.

	 Date	_/	/
Signature			

N.B If you need more space, please continue to a plain sheet of paper, and attach to form.



#### **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 ten 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 Chartered Association of Business Administrators ® does not endorse, guarantee, or warrant the
credentials, work, or opinions of any individual member.

Signature	Date: (mm / dd / yyyy)	
Print Name		