



Project Management Zimbabwe

The Centre for Project Management excellence!

PROJECT MANAGEMENT ZIMBABWE
National Secretariat Office
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CORPORATE MEMBERSHIP APPLICATION FORM

Please give details of your organisation and contact details

Part 1: About Your Organisation

Organisation Name.....
Trading Name.....
Address.....
Telephone(s).....
Mobile..... E-mail.....

Part 2: Your Organisation & Nature of Business

- | | |
|---|---|
| <input type="checkbox"/> Mining, Minerals, Forestry | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Utilities (Electricity & Water) | <input type="checkbox"/> Insurance/Life Assurance |
| <input type="checkbox"/> Chemicals, Oils & Gas | <input type="checkbox"/> Banking & Finance |
| <input type="checkbox"/> Electronic, Electrical Equipment | <input type="checkbox"/> Management Consulting |
| <input type="checkbox"/> Engineering & Machinery | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Civil Engineering, Surveying | <input type="checkbox"/> Media & Photography |
| <input type="checkbox"/> Education | <input type="checkbox"/> Non -Governmental Organisation |
| <input type="checkbox"/> I.T Hardware, Software, Services | <input type="checkbox"/> Health |
| <input type="checkbox"/> Leisure, Entertainment, Hotels | <input type="checkbox"/> Defence (Police /Army) |
| <input type="checkbox"/> Telecommunications | <input type="checkbox"/> Other (specify) |

Part 3: Please give us details of two people in your organisation who may show a keen interest in the development of Project Management and gain corporate member benefits, attach their C.Vs as they will act as contact persons.

First Name.....
Surname.....
Qualifications..... Job Title.....
Project Management Responsibilities in brief.....
Office Telephone(s)..... E-mail.....
Male Female

First Name.....
Surname.....
Qualifications.....
Job Title.....
Project Management Responsibilities in brief.....
Office Telephone(s).....E-mail.....
Male Female

Part 4: Please give invoice details

Organisation name.....
VAT No.
Forwarding E-mail Address.....
Office Telephone(s).....
Fax.....
Main Contact Person.....
Method of Payment (tick)

RTGs/Bank Transfer (delete inapplicable) Cash
 Cheque Credit Card

Part 5: How did you get to know about PMZ? Give size of Project Management community within your organisation

<input type="checkbox"/> Web	Size of Project Management community
<input type="checkbox"/> Advert	<input type="checkbox"/> 1-50
<input type="checkbox"/> Referral	<input type="checkbox"/> 51-250
<input type="checkbox"/> Magazine/Journal	<input type="checkbox"/> 251-1000
<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> 1000+

Data Protection

Project Management Zimbabwe (PMZ) will act as the data controller and will hold and process your data for the purposes of providing the necessary services to you in relation to your application for accreditation. Where it is necessary to fulfil your request, PMZ will share your information with either our local, regional, or overseas branches. Your information may be passed to selected clients in order to provide additional services, and may from time to time contact you with details or programmes or materials that may be of interest to you e.g. seminars and other relevant training or services. If you do not want to be included in this activity, please tick box.

Code of Professional Conduct

Please note that by signing below you agree to abide by the Project Management (PMZ) code of professional conduct as stated in the Constitution

Signature.....**Date**.....