



PMI GHANA PROFESSIONAL BODY

Practitioner Class Application Form

LEVEL 5, GULF HOUSE, SHIASHIE, EAST LEGON

INFO@PMIGH.COM

PERSONAL DETAILS:

Member Number:

Membership Status Valid:

Name:

Date of Birth:

E-mail address:

Telephone Number:

Current Employer:

Current Title:

Insert Digital Photograph:

1. Academic Qualifications

Date	Name of Institution	Certificate Awarded	Year of Award

2. Certifications

- List of Certifications and dates acquired.

3. Project Management Career

- Write a statement of not more than 2500 words of your project management career starting with the earliest date to the most recent. Outline the projects you have been involved in and the specific role you played in those projects. If you are involved in teaching and research, outline any research findings and reports/publications you have. The write-up should be typed and attached to this application form.

4. Engagement with PMI Ghana:

- Evidence of participation in PMI Ghana activities. This includes, but not limited to:
 - Chapter Meetings
 - Annual General Meetings
 - Annual Project Management Conference & Project Management Awards
 - Other activities: Project Site Visits, End of Year Dinner, School Visits etc.

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5.

5. Volunteer Experience:

- Provide a description of your present and past PMI Ghana Chapter and other volunteer experiences. Include the roles and projects that you were involved in and the dates for these roles

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6. Sponsors

- Election to the Practitioner Member Class requires 1 Proposer and 1 Supporter, who are members not below the Practitioner class. They should know the candidate on a personal/professional level to attest to his/her professional capabilities. They should certify the information provided by indicating their name, member ID and category, current professional employer and position and signature.

1.
2.

7. Declaration

I confirm that the information provided in this application for election as a Practitioner member of the Project Management Institute, Ghana (PMI, Ghana) is accurate and that should my application be successful, I will work to advance the objectives of the Institute and uphold the Regulations and Bye-Laws of the Institute as they may be, at any point in time.

Name:	Signature:	Date
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