

INSTITUTE OF CHARTERED MEDIATORS AND CONCILIATORS (ICMC)

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STATUS UPGRADE APPLICATION FORM

1. Name:.....
2. Membership No:..... Year of Induction:
3. Current Status in the Institute:.....
(Please tick appropriate box) **Associate Member**
 Member
 Fellow
4. Address:
5. Telephone Number (s):
6. Fax:.....
7. Email:.....
8. Status in Institute applied for:.....
 Member
 Fellow
9. Summary of qualification/grounds for application:
(Please attach/send copies of relevant documents/certificates)

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