



Institute of Chartered Mediators & Conciliators

STATUS UP-GRADE APPLICATION FORM

1. **Name:**

2. **Address:**

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3. **e-Mail:** **Tel:**

4. **Year Inducted:** **Branch:**

5. **Current Status:** **Associate** () **Member** ()

6. **Status Applied for:** **Member** () **Fellow** ()

7. **Additional Qualifications/Grounds for Application** (please, attach copies of relevant documents)

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APPLICANT: Signature and Date:

8. **BRANCH CHAIRMAN'S REMARKS:** _____

Signature and Date:

9. REGISTRAR'S REMARKS: _____

Signature and Date:

10. PRESIDENT: Approved () Not Approved ()

Signature and Date: