



BOTSWANA INSTITUTE OF DEVELOPMENT PROFESSIONS

P.O. Box 827 – Gaborone – Tel 7181 6811 – Shop
fax 397 1181

bidp@mega.bw - website www.bidp.bw

APPLICATION FOR INDIVIDUAL MEMBERSHIP

Full name:

Date of birth Male female

Nationality

Name of Company

Position held

Physical address

Postal address

Telephone Work Home Cell

Fax E-mail

Home:

Physical address

Postal address

Note: all correspondence will be sent to the business address, unless otherwise requested.

Membership fees are payable for a full year from 1 July till 30 June, even when the member is joining during the year.

TYPE OF MEMBERSHIP APPLIED FOR: (Please tick)

1. Ordinary member, rule 3(c) (i) (a)
(b)
(c)
2. Associate member
3. Student member
4. Retired member

EDUCATION

	Course	Which years
University or college attended.....
.....
.....

Academic qualifications obtained (Degrees or diplomas)

.....

Memberships in other professional organisations:

.....

.....

Note: No application will be considered unless certified copies of original certificates are attached. Where certificates are in a language other than English a certified translation is required. Copies of original certificates must be certified by a Commissioner of Oaths or a member of the BIDP Council.

WORK EXPERIENCE

Employers names	Position	From	TO
Current
..			.
Previous
.			.

PROPOSED BY

Signed Date

SECONDED BY

Signed Date

