



APPLICATION FOR INDIVIDUAL MEMBERSHIP

Full name

Date of birth

Gender [RS]

Nationality & ID [RS]

Employer name [RS]

Position held [RS]

Physical address [RS]

Postal address

Telephone Work  Home  Cell

E-mail

Home physical address [RS]

Home postal address

Note: all correspondence will be sent to the email 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.

Link to Constitution and Regulations on web site (subscription rates are in Regulations):  
<https://bidp.bw/data/constitution.html>

**TYPE OF MEMBERSHIP APPLIED FOR:** (Please tick)

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

**EDUCATION**


Academic qualifications obtained (Degrees or Diplomas)

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Memberships in other professional organisations

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Note: No application will be considered unless certified copies of original certificate 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**

Employer names	Position	From	To

PROPOSED BY: 

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Signed \_\_\_\_\_ Date 

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.....  
SECONDED BY: 

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Signed \_\_\_\_\_ Date 

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Note: Both proposer and Seconder must be Ordinary Members of the institute

**DECLARATION**

I declare that I have read the Constitution and the Regulations of the Botswana Institute of Development Professions and that I fully understand them. I undertake to be bound by them and that I faithfully will observe the Rules of Conduct.

Signed .....

Date

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For office use only:

Date received .....

Application fee .....Paid.....Yes/No

Date presented to the Council .....

Decision                      Approved  
                                      Approved with Conditions  
                                      Rejected

Conditions.....

Date applicant informed .....

Membership number .....

Further remarks.....

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Please note that corporate or reciprocal membership applications would be on individual forms for those categories.

\*[RS] indicates items of information required from 2023 by Registrar of Societies  
Form edited 23jy24