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| Individual MembershipApplication Form | C:\Projects\6. Associations\ATTA\Dropbox\ATTA Dropbox\Artwork\Logo\ATTA-Logo-Design.png |
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| --- |
| **Personal Information** |
| Full name: |  | Title: |  |
|  |  |  |  |  |  |
| Mailing address: |  |
|  | Postal code: |  |
| City: |  | Country: |  |
|  |  |  |  |  |  |
| Telephone number: |  | Facsimile: |  |
|  |  |  |  |  |  |
| Email: |  | Mobile: |  |
|  |  |  |  |  |  |
| Occupation: |  |
|  |  |  |  |  |  |
| Business: | The name of the organisation to which you belong or which you represent |
|  |  |
|  | Is your organisation a Corporate Member of ATTA? | [ ]  Yes | [ ]  No |
|  |  |  |
| Business address (if different from above): |  |
|  | Postal code: |  |
| City: |  | Country: |  |
| Business telephone (if different from above): |  |
|  |  |  |  |  |  |
| Professional qualifications: |  |
|  |  |  |  |  |  |
| Level of Membership: | I wish to apply for: | [ ]  Practitioner Membership | [ ]  Professional Membership |
|  |  |  |  |  |  |
| Please state your reasons for wanting to be involved with ATTA: |
| 1 |  |
| 2 |  |
| 3 |  |

*Please complete the Undertakings overleaf.*

**Undertakings**

By signing this document, you confirm that you have read and agree to the following conditions:

|  |  |
| --- | --- |
| [ ]  | I attach an up-to-date copy of my CV. |
| [ ]  | If applying for Practitioner Membership, I attach 3 case studies of transformation or turnaround projects which I have led. |
| [ ]  | I agree to submit myself to an interview, if so required by the Membership Committee |
| [ ]  | I agree that the Membership Committee may make whatever reasonable enquiries it considers appropriate to validate information in the application form and attached documentation. |
| [ ]  | I confirm that the information supplied in this application is true and that I have not withheld any information that might affect my application to become an ATTA Member. |
| [ ]  | I confirm that I will abide by the decision of the Membership Committee either following a pre-screening of my application or following an interview and that I have no right of appeal against their decision. |
| [ ]  | I agree to conform to the rules of professional and ethical conduct as are specified from time to time by the ATTA Board. |
| [ ]  | I undertake that unless I have fulfilled ATTA’s accreditation process and been accepted as a Practitioner Member, that I will not represent myself as ATTA Member or as an ATTA accredited transformation & turnaround practitioner to any third party. |
| [ ]  | I agree to ATTA’s personal data protection policy. |
|  |  |
| Print name: | Signature: | Date: |
|  |  |   |

*Please email applications to membership@asiattacom or post to ATTA, GPO Box 7388, Central, Hong Kong.*

Notes:

* All the information supplied in this application form is confidential and will be disclosed solely to the Membership Committee, ATTA Board and persons appointed by the Membership Committee to assist in the interviewing and verification process.
* Accredited Member Joining Fee of USD 150 and an Annual Fee of USD 250. Both fees are payable on approval of your application by the Board of ATTA.

For further information please feel free to contact Steve Hardacre, Membership Secretary by email at membership@asiattacom or by telephone on +852 9196 7281.