

CIPS Membership No. (for membership renewal only)

Chartered Institute of Purchasing and Supply (CIPS) - Membership Subscription New Membership/Renewal

Nine dig	it num sta	rting \	with 00 e.g 00123456	7			
Title	Surname		-		First Name	Other Name/Initial	
Date of I	Birth	Date		Month		Year	
Address	;						
Email Address							
Telephone Number							
Confirmation of Choice of		Student, Certificate, Diploma and Associate Members (New Membership)					
program (Please	ıme	2) Affiliate (New Membership)					
one ONI	V	Associate Members progressing through the Personal Development Plan (New Membership)					
		4) Student, Certificate, Diploma and Associate Members (Renewal)					
		5) Affiliate (Renewal)					
		6) Associate Members progressing through the Personal Development Plan (Renewal)					
		7) Fellows Renewal					
For office use only.							
Officer's	name:						
Receipt I	No.						
Date of p	payment.						
Amount _l	paid:						

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