



HEFMA Membership Application Form

Personal Information

Full Name:

Date of Birth:

Gender: Male Female Other

Nationality:

ID/Passport Number:

Phone Number:

Email Address:

Postal Address:

Current Residence:

Professional Information

Current Employer / Institution:



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Position / Title:

Department / Faculty:

Academic Qualifications: (List all relevant)

Professional Memberships: (If any)

Years of Experience:

HEFMA - HOSPITALITY ENGINEERS & FACILITIES
MANAGERS ASSOCIATION

Membership Category (Tick one)

Individual Corporate Student/Graduate Honorary Fellow

Referees (Provide at least one)

Name of Referee 1:

Contact (Phone/Email):

Name of Referee 2:

Contact (Phone/Email):



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Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge. I agree to abide by the constitution and code of conduct of HEFMA.

Applicant Signature: _____ Date: _____

