

MEMBERSHIP APPLICATION FORM

SECTION A: PERSONAL INFORMATION

- Full Name: _____
- Nickname: _____
- Date of Birth: _____

Contact Details:

- Home Address: _____
- Mobile Number: _____
- Email Address: _____

SECTION B: PROFESSIONAL BACKGROUND

1. Current Employment

- Company Name: _____
- Position/Title: _____
- Company Address: _____
- Work Phone Number: _____

2. Professional Experience

- Total Years of Experience: _____
- Primary Areas of Expertise (e.g., Strategy, Finance, HR, Technology):

3. Educational Background

- Degree(s) Earned: _____
- Field of Study: _____
- Institution: _____
- Year Graduated: _____

4. Professional Certifications and Licenses

- Certification: _____
- Issuing Organization: _____

5. Professional Affiliations and Organizational Memberships

- **Affiliations:** List any relevant memberships, including positions held:

6. LinkedIn Profile URL: _____



SECTION C: MEMBERSHIP OBJECTIVES AND CONTRIBUTIONS

1. **Why do you wish to join BMCAP?**

2. **How do you plan to contribute to BMCAP's mission and objectives?**

3. **What are your expectations for BMCAP membership?**

SECTION D: ETHICAL AND COMPLIANCE QUESTIONNAIRE

Please answer the following questions. Any “Yes” answer requires an explanation.

1. **Have you ever been accused of a crime in a formal complaint, indictment, or court proceeding?**
 - ☐ Yes
 - ☐ NoIf yes, please explain:

2. **Are there any pending legal cases in which you are a respondent?**
 - ☐ Yes
 - ☐ NoIf yes, please explain:

3. **Have you ever been sanctioned, disciplined, or disqualified by any professional or regulatory body?**
 - ☐ Yes
 - ☐ NoIf yes, please explain:

4. **Have you ever been discharged or permitted to resign for allegations of unethical conduct or negligence?**
 - ☐ Yes
 - ☐ NoIf yes, please explain:

SECTION E: REQUIRED ATTACHMENTS

- **Resume/CV:** Detailing work experience, qualifications, certifications, and key consulting projects.
- **Endorsement Letters:** At least one endorsements from current BMCAP members.
- **Proof of Certification:** For Regular Member applicants, proof of AIM-SEELL or equivalent certification.
- **Identification:** Government-issued ID and a recent 2x2 photo.
- **Conflict of Interest Declaration:** Disclosure of any conflicts with BMCAP's mission.

SECTION F: ACKNOWLEDGMENT AND CONSENT

Data Privacy Consent

By signing this form, I agree to the collection and processing of my personal information by BMCAP for the purpose of evaluating my membership application and facilitating my involvement with BMCAP. I understand that BMCAP will handle my information in compliance with relevant data privacy regulations.

Declaration

I, the undersigned, certify that all information provided in this application is true and complete. I agree to adhere to BMCAP's rules, regulations, and ethical standards. I understand that any false information may lead to the denial or termination of my membership.

Signature: _____

Date: _____

SECTION G: FOR OFFICIAL USE ONLY

- **Date Received:** _____
- **Application Reviewed by:** _____
- **Decision:**
 - Approved
 - Rejected
- **Comments:**
