



CAMEROON PROJECT MANAGEMENT ASSOCIATION

ASSOCIATION CAMEROUNAISE
DE MANAGERS DE PROJETS

head office : Douala-Cameroon

website: www.capma.cm

phone : +237 691021426

MEMBERSHIP FORM

PERSONAL INFORMATION

Full Name _____
Date of Birth ____ / ____ / ____ Place of Birth _____
Gender ☐ Male ☐ Female
Home Address _____
City _____ Zip Code _____
Phone Number _____ Email _____

UNIVERSITY INFORMATION

attend university _____
Adress _____ city _____
Speciality/sector _____
Registration number _____
Number of years of experience _____

ANSWERS TO QUESTIONS

Are you of Cameroonian nationality? Yes No
if not what nationality? _____
have you ever worked on a project? Yes No

OTHER DOCUMENTS TO ATTACH TO THIS FORM

- Half digital photo card
 - Scan of the CNI
 - school certificate
 - Proof of experiences
 - Scan captures membership fee payment (698926179)
- Name displayed when sending is MBIAMOU Merveille Trésor(cashier of CaPMA)

ENGAGEMENT

I hereby certify that I am a member of the CaPMA association, I agree to comply with the internal regulations and statutes. I am fully informed of the rights and duties of the members of the association, and agree to pay my contribution due for the current year.
The amount of the contribution as a student is 20,000 XAF, payable by cash, bank transfer or Mobile money.

VIREMENT BANCAIRE À :

Bénéficiaire : CAMEROON PROJECT MANAGEMENT ASSOCIATION

N° de Compte (IBAN) : CM21 10005 00023 00000134836-40

Code SWIFT : CCEICMCX