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 _____

ORGANISATION INFORMATION

attend organisation _____

Adress _____ city _____

Activity sector _____

corporate position _____

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
- Proof employement
- Proof of experiences
- Scan captures membership fee payment (698926179)

Name displayed when sending is MBIAMOU Merveille Trésor(cashier of CaPMA)

ENGAGEMENT

VIREMENT BANCAIRE À :

Bénéficiaire : CAMEROON PROJECT MANAGEMENT ASSOCIATION **N° de Compte (IBAN) : CM21 10005 00023 00000134836-40** **Code SWIFT : CCEICMCX**