



**WISDP World Institute of Sustainable Development Planners
Individual Membership Application Form**

Membership no.: <i>(For internal use)</i>		Application Date:	
		Referral code (if applicable):	
Member Application (✓)			
<input type="checkbox"/> Fellow (FwiSDP) <input type="checkbox"/> Certified Member (CSDP)		<input type="checkbox"/> Professional Member (MwiSDP) <input type="checkbox"/> Associate Member (AwiSDP) <input type="checkbox"/> Student Member	
Personal Information <i>(please indicate your name as shown on the HKID Card or other identification documents)</i>			
Title: Prof / Dr / Ir / Mr / Mrs / Miss First Name: Last Name: Chinese Name <i>(if applicable)</i> : Date of Birth <i>(DD/MM/YYYY)</i> : ID/Passport No.:		Highest Education: Awarding Body: Graduation Date:	
Contact			
Home Address: Home Tel: Mobile: Email:		Business Address: Business Tel: Email:	
Working Experience <i>(include the sustainable development experience)</i>			
Organization	Position	Time	Experience



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Education Qualification *(include sustainable development education)*

Institute /University	Time	Qualification	Study Subjects

Professional Qualification *(include Sustainable development qualification)*

Awarding Body	Time	Qualification

Individual-Membership-Application-Form_v.4

Please email this form with your resume OR relevant supporting documents to WISDP Secretariat info@wisdp.org.



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Information to be posted on Member List of WISDP Website

Education & Professional Qualification:

Specialties in Sustainable Development:

Profession:

WISDP will publish and promote your information (photo, logo, etc.) on its related networks: including websites, e-newsletter, social media, etc. Please tick If you DO NOT agree.

Sustainable Development training and experience

Summary of sustainable development training and experience:

Applicant

Message to WISDP:



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I declare that the information provided is true and correct. I understand and agree that the personal data provided above can be used by WISDP in furtherance of the objectives stipulated in the Memorandum of WISDP.

Signature:

Date:

For internal use

<u>Handler</u>	<u>Reviewer</u>	<u>Approver</u>
Name:	Name:	Name:
Signature:	Signature:	Signature:
Date:	Date:	Date:
Remarks:	Remarks:	Interview Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Application Approve: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Remarks:

Membership period

Start Date:

Expire Date: