



GUIDANCE NOTES FOR COMPLETING THE MIPS APPLICATION FORM

1. This Application Form has 5 pages including this page.
2. Please read and complete the form carefully.
3. Apply for Full Membership if you meet one of the following criteria:-
 - (a) You have a Master's degree in procurement or supply management and 1 year experience;
OR
 - (b) You have a Bachelor's Degree in Procurement or Supply Management or a CIPS Graduate Diploma and 2 years' experience in procurement and supply management;
4. Apply for Affiliate Membership if you are a holder of any non-procurement and supply chain management degree and you have 3 years' experience in procurement or supply management at a managerial or strategic level.
5. Apply for Student Membership if you are studying for procurement or supply management qualifications.
6. Registration fee is **K10, 000.00**. (This is a once off payment)
7. Annual Membership fees from 1 January 2022 are as follows: -

Full Member:	K 120, 000.00
Affiliate Member:	K 180, 000.00
Student Member:	K 35, 000.00
Corporate Member:	K 250, 000.00
Foreign Member	\$ 500.00

Library Fees (For Non – Paid & Non – Members)

K1,000 per day or K20,000 p.a. (K5,000 for ID Card & K15,000 for the Resource Center)

You can deposit the fee in any one of the following MIPS accounts as detailed:

FDH Bank <i>Account Name:</i> Malawi Institute of Procurement & Supply <i>Account Number:</i> 1040000046518 <i>Account Type:</i> Call Account <i>Account Branch:</i> Blantyre <i>SWIFT Code:</i> FDHFMWMW	National Bank of Malawi <i>Account Name:</i> Malawi Institute of Procurement & Supply <i>Account Number:</i> 1001226602 <i>Account Type:</i> Current Account <i>Account Branch:</i> Henderson Street <i>SWIFT Code:</i> NBMAMWMW001
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Remember to send us your deposit slip to enable us process your receipt.

8. Please contact (1) Cell: 0990 040 210 (2) 0885 907 752 (3) 09994205049 (4) E-mail: mipsceo@mips.mw; aubrey.limburo@mips.mw; emmanuel.duma@mips.mw
9. Please send the completed form to the Malawi Institute of Procurement and Supply, Anamwino House, Ground Floor, P. O. Box 30175, Capital City, Lilongwe 3. Or through the e-mail address given above.



NO:

MEMBERSHIP APPLICATION FORM

(Please read the guidance notes before completing the form)

1. Category of Membership you are applying for

Full	Affiliate	Student	Foreign
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Personal Information

Title: *Prof* *Dr* *Mr* *Mrs* *Miss*

Male Female

First Names

Maiden Name

Surname

Date of Birth

Telephone Number

Cell Number

Fax Number

E-mail Addresses: Official

Personal

Postal Address:

Country of Residence

3. Employment Details:

Company Name/Organization

Physical Address

Postal Address

Telephone Number

Fax Number

Date started

Position

Region



Brief description of duties

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.....
.....
.....
.....
.....

To whom does your unit report to (tick)

- 1. Top Management
- 2. Senior Management
- 3. Middle Management
- 4. Low level management

Current salary range:

- Up to MK199, 999
- MK 200, 000 - MK399, 999
- MK 400,000 - MK 699, 999
- MK 700,000 - MK 999, 999
- MK 1, 000, 000 and above

4. Career History

Company	Position	Duration (Years)



5. Qualifications

a) State Highest *Academic* qualifications already achieved

Qualification

Awarding Body

Institution

Year

b) State Highest *Professional* qualification already achieved

Qualification

Awarding Body

Institution

Year

c) State other qualifications already achieved

1. Qualification	<input type="text"/>	Institution	<input type="text"/>
2. Qualification	<input type="text"/>	Institution	<input type="text"/>
3. Qualification	<input type="text"/>	Institution	<input type="text"/>

d) State any qualifications you are studying for

1. Qualification	<input type="text"/>	Institution	<input type="text"/>
2. Qualification	<input type="text"/>	Institution	<input type="text"/>
3. Qualification	<input type="text"/>	Institution	<input type="text"/>

6. Professional membership

State the professional bodies in which you are a member

1. Name of body.....From.....To.....

2. Name of body.....From.....To.....



7. Other information

State other information you think is relevant to your application

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CHECKLIST

Please fill the Application form properly and submit with the following documents attached:

1. Supportive Academic or Professional qualifications
2. Institutional testimonial letter if applying for student membership
3. Bank deposit evidence for Registration and Subscription fees

DECLARATION

1. I declare that the above information is true to the best of my knowledge, information and belief;
2. I agree to abide by any rules and regulations which may be applicable to members of the Malawi Institute of Procurement and Supply.

Signature.....**Date**.....

FOR OFFICIAL USE ONLY

Name of Applicant

Category of membership

ApprovedNot approved.....

Comment(s).....

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Signature.....**Date**.....