

PLEASE PRINT OR TYPE IN BLOCK LETTERS
AND PROVIDE ALL DATA REQUESTED

Established Under Federal and Provincial Charter
HST/GST # 127177145



CANADIAN INSTITUTE OF MANAGEMENT
INSTITUT CANADIEN DE GESTION

APPLICATION FOR MEMBERSHIP (Chartered Management Institute Applicants)

SURNAME		GIVEN NAME(S)	
ADDRESS			
STREET		CITY	
PROVINCE		POSTAL CODE	
NAME OF EMPLOYER		POSITION	
BUSINESS ADDRESS			
CITY		PROVINCE	
POSTAL CODE			
PREFERRED ADDRESS			
HOME <input type="radio"/>		BUSINESS <input type="radio"/>	
HOME PHONE		BUSINESS PHONE	
FAX		CELL	
PREFERRED EMAIL			

EDUCATION BACKGROUND

COLLEGE OR UNIVERSITY	YEAR GRADUATED	DEGREE/DIPLOMA
SECONDARY SCHOOL	YEAR GRADUATED	GRADE COMPLETED
TECHNICAL/SPECIALIZED PROGRAM	YEAR GRADUATED	CERTIFICATE
OTHER		
OTHER		

BUSINESS BACKGROUND

CURRENT EMPLOYER	PRESENT POSITION
DUTIES	
DATES EMPLOYED	
SUPERVISOR NAME	TELEPHONE

BUSINESS BACKGROUND cont'd

PREVIOUS EMPLOYER	PREVIOUS POSITION
DUTIES	
	DATES EMPLOYED
SUPERVISOR NAME	TELEPHONE

HOW DID YOU LEARN ABOUT CIM?

- Membership Referral
 College/University Calendar
 Print Advertisement
 CIM Website
 Human Resource Department
 Other (Specify)

NAME ON MEMBERSHIP CERTIFICATE (PLEASE PRINT IN BLOCK LETTERS)**PAYMENT INFORMATION**

TOTAL FEE PAID	
PAYMENT METHOD CHEQUE <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	
CREDIT CARD #	EXPIRY DATE
CARD TYPE MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/>	
SIGNATURE	DATE

RETURN TO CIM NATIONAL: 311 – 80 Bradford Street BARRIE, ON L4N 6S7 TEL: (705) 725-8926 Fax: (705) 725-8196 Email: office@cim.ca	RETURN TO CIM CHAPTER:

PRIVACY STATEMENT: THE CANADIAN INSTITUTE OF MANAGEMENT MAINTAINS ALL INFORMATION CONFIDENTIAL IN COMPLIANCE WITH THE PRIVACY ACT.

NATIONAL USE ONLY			
APPLICATION APPROVED	_____	_____	_____
	PRINT NAME	SIGNATURE	DATE